

CIC #: 99EPA SUPERFUND
BILLED DATE 01-SEP-2000
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
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D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.
28026042
PARTIAL # 23 01-AUG-2000 THRU 01-SEP-2000

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

NA

LINE ITEM

MOA

DESCRIPTION

000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - OTHER RESOURCES
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

TRANSP OF GOVT EMPLOYEES OR OTHERS, PERDIEM ALLOW IN TVL STATUS & OTH INCIDENTAL TRVL EXP
DPS PRINT FACILITY CHARGES
DEPARTMENTAL OVERHEAD COSTS
GENERAL AND ADMINISTRATIVE OVERHEAD COSTS
LABOR

SUBTOTAL

PARTIAL AMOUNT PAID

\$5,662.74

PAYMENT DUE DATE 01-OCT-2000

PAY THIS AMOUNT

\$.00

FUNDS AUTHORIZED: \$529,400.00
TOTAL BILLED AMOUNT: \$228,876.97
PREVIOUS BILLED AMOUNT: \$223,214.23
CURRENT BILLED AMOUNT: \$5,662.74
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

DATE

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

EPA Region 5 Records Ctr.



221472

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 21-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 08-2000

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
07-AUG-2000	W59XQG02109629	006155G6	NA	[REDACTED]	1	TRANSPER		[REDACTED]
23-AUG-2000	W59XQG02109629	99/8-13-2000	NA		0104	TRANSPER		[REDACTED]
SUBTOTAL COST:								\$396.22

INHOUSE - OTHER RESOURCES

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
21-AUG-2000	W59XQG90475615					REPRO		\$38.72
SUBTOTAL COST:								\$38.72

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
14-AUG-2000	L21276	04-AUG-2000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
14-AUG-2000	L66586	11-AUG-2000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$[REDACTED]
28-AUG-2000	L21276	23-AUG-2000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$[REDACTED]
28-AUG-2000	L66586	25-AUG-2000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
SUBTOTAL CO						\$[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TOTAL COST:								\$5,662.74	

*** END OF REPORT - 21-DEC-2001 - 10:59 - SID G6CEFMP1 ***

Action Edit Block Field Record Query ESIG Help

Trvl Order/Obli:	00815508	Fund Type:	F	SAACONS Site:	
Trvl Ord Amend:	0	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	07-AUG-2000
Vouch Amend No:	0	EAID:		Eff Date:	07-AUG-2000
Setlmtt Amend No:	0	Work Cat:	01A10	Resource Plan:	1
Line Item No:	1	Work Cat Elem:	99998	Cost Type:	WIP
Trvlr/Vendor ID:	GOUGT3557	Fund Work Item:	002DCL	Acct Phse:	B5A
Far Order No:	DW96947840-0560	Resource Code:	TRANSPER	TBO Disb:	N
Mgt Structure:	015558	MOA:	C2	Trans Type:	APR
Appropriation:		EOR:	21T2	Period:	200008
Transaction ID:	2775669	Source:	TRVLCERT	GL Not Posted?	

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			268.22
4232.00	C			268.22

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TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0							
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000177730			
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.			
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 08Aug2000 USACE FINANCE CENTER	
8. TELEPHONE NUMBER 402-293-2514		9. TRAVEL ORDER NUMBER 006155G6 28Jul2000		10. PREVIOUS PAYMENTS/ADVANCES \$.00							
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O											
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)							
<input type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> UNACCOMPANIED							
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO							
15. ITINERARY											
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES			
2000											
08/02	DEP 0700	OMAHA / DOUGLAS NE NEBRASKA	TP								
08/02	ARR 0945	ST LOUIS MO MISSOURI		TD	60.00						
08/03	DEP 1420	ST LOUIS MO MISSOURI	TP								
08/03	ARR 1630	OMAHA / DOUGLAS NE NEBRASKA		MC							
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
16. REIMBURSABLE EXPENSES						17. LEAVE					
DATE	b. NATURE OF EXPENSE			c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS				
03Aug2000	CREDIT CARD ATM FEE			\$							
03Aug2000	GAS			\$							
03Aug2000	MILEAGE TO/FROM AIRPORT			\$							
03Aug2000	PARKING FEES - AIRPORT			\$							
03Aug2000	RENTAL CAR			\$							
03Aug2000	LODGING TAXES			\$							
						c. TAKEN BETWEEN					
						d. AND					
18. POC TRAVEL: OWNER/OPERATOR PASSENGER						19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)					
20. Long distance telephone calls are certified as necessary in the interest of the government.						a. GTR/MTA NO.		b. FROM		c. TO	
APPROVING OFFICER (31 USC 1348(b))						7108979421		OMAHA / DOUGLAS NE		ST LOUIS MO MISSOURI	
21. a. CLAIMANT SIGNATURE				b. DATE		22. a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS				b. DATE 04Aug2000	
23. ACCOUNTING CLASS 100 % FUNDED											
24. COLLECTION DATA											
25. COMPUTED BY SHELLA DACQUISTO		26. AUDITED BY JUDITH MORGAN		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 1012439 08Aug2000				29. AMOUNT PAID \$268.22	

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.

1. PAYMENT REQUIRED BY (X one)		2. TYPE OF PAYMENT (X as applicable)		3. FOR D.O. USE ONLY	
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> ELECTRONIC FUND TRANSFER		<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS <input type="checkbox"/> OTHER <input type="checkbox"/> Member/Employee <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER c. PAID BY d. COMPUTATIONS	
4. NAME (Last, First, Middle Initial) (Print or type)		5. GRADE		6. SSN	
Grouer Timothy P		GS12		[REDACTED]	
7. ADDRESS, a. NUMBER AND STREET		b. CITY		c. STATE d. ZIP CODE	
[REDACTED]		[REDACTED]		[REDACTED]	
8. TELEPHONE NUMBER (include Area Code)		9. TRAVEL ORDER NUMBER		10. PREVIOUS PAYMENTS/ADVANCES	
[REDACTED]		070165566		[REDACTED]	
11. ORGANIZATION AND STATION		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
CENTRIC CO-FC		[REDACTED]			
12. DEPENDENT(S) (X and complete as applicable)		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
<input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE		YES <input checked="" type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY					
a. DATE	b. LOCAL TIME (24 hour)	c. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	d. MEANS/MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS (1) Gov't (B-L-O) (2) Ded (B-L-O)
8/2	DEP 0700	Home	PA		
	ARR 0740			AT	
	DEP 0830	Eporey	CP		
	ARR 0945			TD	
8/3	DEP 1420	St Louis Mo	CP		60
	ARR 1530			AT	
	DEP 1600	Eporey	PA		
	ARR 1630			ML	
	DEP	Home			
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
16. REIMBURSABLE EXPENSES					
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	17. LEAVE	
8/3	Hotel TX	\$7.35	✓	a. DAYS	b. HOURS
	Rental car	\$1.41	✓		
	Gas	\$5.50	✓		
	Phone	\$5.21	✓		
	Parking + taxi	\$2.24	✓		
18. POC TRAVEL (X one)				19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)	
<input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				a. GTR/MTA NO. b. FROM c. TO	
20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT. APPROVING OFFICER (31 USC 1342(b))					
21. CLAIMANT SIGNATURE		b. DATE	22. APPROVING OFFICER SIGNATURE		b. DATE
[Signature]			[Signature]		
23. ACCOUNTING CLASSIFICATION					
ATN: 20 + 40 + 30 = 90 \$90 * .09 = \$8.10 1.00 1.50 \$3.50 7108979421 \$5.21					
24. COLLECTION DATA					
25. COMPUTED BY	26. AUDITED BY	27. TRAVEL ORDER POSTED BY	28. RECEIVED (Payee Signature and Date or Check No.)		29. AMOUNT PAID

00 3428 5371
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

CTASTL,096252,COEOMA

PASSENGER RECEIPT

555101

0024938

A44

XXXXXXXXXX

ISSUED BY TRANS WORLD AIRLINES XXXXX
NAME OF ISSUING AGENT ALWEDA TVL OMAHA
NAME OF PASSENGER GOUGER/TIM
X/O FROM *NOT VALID FOR* THIS IS YOUR RECEIPT
X/O TO *TRANSPORTATION*

ARC FULLY
COUPON

TOUR CODE

AGENT CODE

NAME OF PASSENGER

PLACE OF ISSUE

DATE OF ISSUE

NE US31JUL00

CARRIER CODE

FARE BASIS/TICKET DESIGNATOR

ISSUING AGENT ID

FROM

OSTL TW518 Y #2AUGYCA

OMA TW467 Y #3AUGYCA

10L4*43

ENDORSEMENTS/RESTRICTIONS

5.81 TW OMA55.81YCA 111.62 END ZPOMASTL XFSTL3

FARE XF 3.00
TAX USD 111.62
TAX US 8.38
TAX ZP 5.00
TOTAL USD 128.00

EQUIV. FARE PD.

STOCK CONTROL NO. TX 888 CK

63064316000

CPN

DOCUMENT NUMBER

CK

0 015 7108979421 2

ALLOW PCS WT UNCKD

NOT VALID FOR TRAVEL

0 015 7108979421 2

AA28926122

IT IS UNLAWFUL TO PURCHASE OR RESALE THIS TICKET FROM ANY
ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS

SALES PERSON: 44
CUSTOMER NBR: 555101

ITINERARY/INVOICE NO. 0024938
WSPLHC

DATE: 31 JUL 00
PAGE: 01

TO: ETKT 01AUG .

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIM

REF: CTA STL, 096252, COEOMA

**PLEASE VISIT OUR WEBSITE AT WWW.CWGOVERNMENT.COM
**AND COMPLETE OUR SERVICE EXCELLENCE SURVEY.

02 AUG 00 - WEDNESDAY

AIR TRANS WORLD AIRLINES FLT:518 ECONOMY
LV OMAHA 815A

EQP: MD-80
01HR 11MIN
NON-STOP
REF: OMMHZX

AR ST LOUIS INTL 926A
ARRIVE: MAIN TERMINAL
GOUGER/TIM SEAT-32E

CAR ST LOUIS INTL ALAMO RENT A CAR CORP ID-67241
PICK UP-0926 1-COMPACT CAR AUTO AC
RETURN-03AUG/1420
RATE IS GUARANTEED
RATE-DAILY RATE-USD38.00 UNLIMITED MILEAGE
EXTRA HOUR-12.66 UNLIMITED MILEAGE
CONFIRMATION NUMBER 00528357

03 AUG 00 - THURSDAY

AIR TRANS WORLD AIRLINES FLT:467 ECONOMY
LV ST LOUIS INTL 220P
DEPART: MAIN TERMINAL
AR OMAHA 337P

EQP: MD-80
01HR 17MIN
NON-STOP
REF: OMMHZX

GOUGER/TIM SEAT-12F

30 JAN 01 - TUESDAY

OTHER INFORMATION
THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET TW7108979421
ELEC TKT

GOUGER TIM
BILLED TO XXXXXXXXXXXXXXXXXXXX 128.00*

SUB TOTAL 128.00
NET CC BILLING 128.00*

TOTAL AMOUNT DUE 0.00

CONTINUED ON PAGE 2

ALAMO RENT A CAR
PO BOX 22776, FT. LAUDERDALE, FL. 33335
RESERVATIONS: 800-327-9633
CUSTOMER RELATIONS: 800-445-5664

ST. LOUIS - RETURN RECEIPT

RA# / CAR#: 540-751682-0/Y2294913 (CC)
RENTED: 02AUG00 09:55
RETURNED: 03AUG00 13:24
LENGTH: 1 DAY 4 HOURS
MLG OUT/IN: 14,070/14,154 GAS: F
CUSTOMER: TIM GOUGER

TIME	75.98 T
CONCFEE	7.79 T
FTRSR	1.88 T
TAXES	5.76 *
TOT CHR	91.41
CR. CARD	91.41-
BALANCE	.00

CR. CARD: TOTAL BILLED TO VISA
"CONCFEE" IS THE 10.00 % CONCESSION
RECOUPMENT FEE.

THANK YOU FOR USING ALAMO.

SERVED BY: 17250

T/ott 00615566
T. GOUGER



Name & Address

TIMOTHY GUNGER
HOME

Room 121-11
Arrive Date 02-02-00
Dept. Date 02-02-00
Folio # 11
Room Rate 40.00
Account 121-11
Mkt/Seg 121-11

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
02/02/00	111	121-11	111	SLEEP ROOM	40.00	0.00	40.00
02/02/00	111	121-11	111	SLEEP ROOM	40.00	0.00	80.00
02/02/00	111	121-11	111	TAX	0.00	-80.00	0.00
TOTAL							0.00

ACCT. NO.	
CARD MEMBER NAME	TIMOTHY GUNGER
ESTABLISHMENT NO. & LOCATION	HOLIDAY INN EXPRESS 121-11 121-11 121-11
CARD MEMBER'S SIGNATURE	

DATE OF CHARGE	02-02-00	FOLIO NO./CHECK NO.	121-11
AUTHORIZATION	121-11	I.D.	121-11
PURCHASES & SERVICES			
TOTAL AMOUNT			0.00

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21							1. DATE OF REQUEST 28-JUL-2000	
REQUEST FOR OFFICIAL TRAVEL								
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12				
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 402-293-2514		
7. TYPE OF ORDERS TEMPORARY DUTY			8. SECURITY CLEARANCE		9. PURPOSE OF TDY SITE VISIT-RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 3			b. PROCEED O/A (DATE) 02-AUG-2000					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 02-AUG-2000 AT 700 HRS TO : ST LOUIS MO MISSOURI DEPART ON 04-AUG-2000 AT 2000 HRS								
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE								
COMMERCIAL			GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)		
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: <input type="checkbox"/> More advantageous to government <input checked="" type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)								
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)								
14. ESTIMATED COST							15. ADVANCE AUTHORIZED	
PER DIEM	TRAVEL		OTHER		TOTAL			
					\$688.00		\$.00	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks								
TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.								
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 28-JUL-2000					18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 28-JUL-2000			
AUTHORIZATION								
19. ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> 100%								
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE 68112						OR AUTHENTICATION TRANSPORTATION ASSISTANT (FLEE)		
						21. DATE ISSUED 28-JUL-2000		
						22. TRAVEL ORDER NUMBER 006155G6		

006155G6

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 1012439

Check No Trace: 1800076275

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?: ☐

Type: TRV SETLMT

FOA Code: G6

Check Date: 08-AUG-2000

Reference No: 006155G6

Amount: 268.22

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P GOUGER

Certified By: WITT, DENNY R

Date Signed: 08-AUG-2000

Initial Signature: 629F4730B7F3F586398

Disbursing Officer's Signature: 39902238

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Press F2 to enter a query.

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Oblt No:	99/8-13-2000	Fund Type:	F	Fast Pay:	<input type="checkbox"/>	Reversal:	<input type="checkbox"/>
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER		
Line Item No:	0104	Approp Type:	?	Debtor Bill No:			
Rec Rpt No:		EAID:		MOA:	C2	Acct Phase:	R5A
Invoice No:		Accrual:		EOR:	21T1	Trans Date:	23-AUG-2000
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	23-AUG-2000		
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:			
Resource Plan:	1	Work Cat:	01A10	Trans Type:	APR	Payee Class:	
Mgmt Struct:	015558	Work Cat Elem:	99998	Period:	200008		
Appropriation:				GL Not Posted?:	<input type="checkbox"/>		
Transaction Id:	2802219	GL Corr Id:	AP910	TBO Rpt:			
Prop Cat Code:		Source:	GTRRCV				

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			128.00

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Record: 1/?

Action Edit Block Field Record Query ESIG Help

Travel Order No: 006155G6

Employee: TIMOTHY P GOUGER

Travel Order Date: 29-JUL-2000

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obli Li No	Description	Wl Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
006155G6	1	NON-CTR TRAVE	002DCL	21T2			291.78
99/8-13-2000	0104	7108979421/61	002DCL	21T1			0.00

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Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/8-13-2000		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 23-AUG-2000		4. REQUISITION/PURCH REQUEST NO. W59XQG02220668		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS-ADVANTAGED [] WOMEN-OWNED	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO See Block 15			
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE				DATE SIGNED	
<input type="checkbox"/>		If this box is marked, supplier must sign Acceptance and return the following number of copies:							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	2726081431/6402G6/LEAHY			.0000/		.0000	LS	\$.00	
0002	7698734470/1863G6/SCHULTE			.0000/		.0000	LS	\$.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA				25. TOTAL \$40,072.05	
				BY: _____				29. DIFFERENCES	
				CONTRACTING/ORDERING OFFICER					
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 23-AUG-2000 /s/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000001		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS	
				[] PARTIAL [X] FINAL		32. PAID BY 8736		33. AMT VERIFIED CORRECT FOR \$404.00	
				31. PAYMENT		29-AUG-00		34. CHECK NUMBER 0000702131	
36. I certify this amount is correct and proper for payment				[] COMPLETE [] PARTIAL [] FINAL				35. BILL OF LADING NO.	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER									
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 23-AUG-2000		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER	
								42. S/R VOUCHER NO.	

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	7103532238/5482G6/SCHWARTZ	.0000/	.0000	LS	\$672.70
0004	7103532238/5482G6/SCHWARTZ	.0000/	.0000	LS	\$288.30
0005	7103532240/5745G6/GOSMIRE	.0000/	.0000	LS	\$420.00
0006	7108979400/5712G6/DARLING	.0000/	.0000	LS	\$512.10
0007	7108979400/5712G6/DARLING	.0000/	.0000	LS	\$56.90
0008	7106542014/5712G6/DITTUS	.0000/	.0000	LS	\$351.50
0009	7106542023/5827G6/GOUGER	.0000/	.0000	LS	\$365.50
0010	71065402024/5809G6/GREGORY	.0000/	.0000	LS	\$128.00
0011	7106542025/5808G6/KIEL	.0000/	.0000	LS	\$128.00
0012	7106542029/5289G6/WEREMY	.0000/	.0000	LS	\$239.00
0013	7106542033/5828G6/HARTLEY	.0000/	.0000	LS	\$460.00
0014	7106542040/4683G6/EPPERSON	.0000/	.0000	LS	\$420.00
0015	7106542069/5831G6/RANDALL	.0000/	.0000	LS	\$239.00
0016	7106542075/5661G6/BRANDON	.0000/	.0000	LS	\$277.00
0017	7106542097/5843G6/QUINN	.0000/	.0000	LS	\$404.00
0018	7106542098/5832G6/KELLY	.0000/	.0000	LS	\$415.00
0019	7106542099/5801G6/BIRKETT	.0000/	.0000	LS	\$139.00
0020	7106542108/5833G6/MIKULA	.0000/	.0000	LS	\$239.00
0021	7106542122/23/5845G6/WINSLOW	.0000/	.0000	LS	\$420.00
0022	7106542124/5849G6/MEACHAM	.0000/	.0000	LS	\$298.00
0023	7106542126/5810G6/KIRSCHBAUM	.0000/	.0000	LS	\$420.00
0024	7106542133/5787G6/DITTUS	.0000/	.0000	LS	\$209.00
0025	7106542134/5649G6/SHAHEEN	.0000/	.0000	LS	\$239.00
0026	7106542135/5723G6/ERHARDT	.0000/	.0000	LS	\$671.00
0027	7106542136/5647G6/GOUGER	.0000/	.0000	LS	\$236.00
0028	7106542139/5259G6/GOLDSBERRY	.0000/	.0000	LS	\$420.00
0029	7106542142/5258G6/SCHNEIDER	.0000/	.0000	LS	\$420.00
0030	7106542178/5726G6/KIRSCHBAUM	.0000/	.0000	LS	\$239.00
0031	7106542179/5727G6/KIRSCHBAUM	.0000/	.0000	LS	\$236.00
0032	7106542184/5837G6/HOOVER	.0000/	.0000	LS	\$433.00
0033	7106542192/5882G6/LINDLEY	.0000/	.0000	LS	\$401.00
0034	7106542196/5793G6/CONRATH	.0000/	.0000	LS	\$404.00
0035	7106542203/5921G6/PEPELKA	.0000/	.0000	LS	\$420.00
0036	7106542204/5895G6/OLDHAM	.0000/	.0000	LS	\$420.00
0037	7106542206/5736G6/HEITMANN	.0000/	.0000	LS	\$146.00
0038	7106542215/5889G6/OVERGAARD	.0000/	.0000	LS	\$307.50
0039	7106542223/5954G6/BARNUM	.0000/	.0000	LS	\$713.00
0041	7106542226/5976G6/HARRIS	.0000/	.0000	LS	\$123.00
0042	7106542227/5769G6/MAVIS	.0000/	.0000	LS	\$123.00
0043	7106542232/5941G6/MEYER	.0000/	.0000	LS	\$139.00
0044	7106542233/5950G6/CRANE	.0000/	.0000	LS	\$617.00
0045	7106542235/5949G6/PETERSON	.0000/	.0000	LS	\$404.00
0046	7106542236/5933G6/BURKE	.0000/	.0000	LS	\$236.00
0047	7106542240/5919G6/NEUZIL	.0000/	.0000	LS	\$207.00
0048	7108979402/5970G6/BERAN	.0000/	.0000	LS	\$742.28
0049	7108979402/5970G6/BERAN	.0000/	.0000	LS	\$221.72
0050	7106542247/5910G6/ANDERSON	.0000/	.0000	LS	\$589.00
0051	7106542249/5933G6/BURKE	.0000/	.0000	LS	\$236.00
0052	7108979252/5786G6/HEIDEN	.0000/	.0000	LS	\$208.75
0053	7108979252/5786G6/HEIDEN	.0000/	.0000	LS	\$208.75
0054	7108979256/58/6003G6/BONNEAU	.0000/	.0000	LS	\$275.50
0056	7108979263/5990G6/WICHMAN	.0000/	.0000	LS	\$376.20
0057	7108979264/63G6/VADER	.0000/	.0000	LS	\$793.00
0058	7108979265/37G6/VULCAN	.0000/	.0000	LS	\$382.00
0059	7108979268/5981G6/LITTLE	.0000/	.0000	LS	\$404.00
0060	7108979269/6021G6/LINDSEY	.0000/	.0000	LS	\$208.75

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
0061	7108979269/6021G6/LINDSEY	.0000/	.0000	LS	\$.00	\$208.75
0062	7108979271/5991G6/RAMER	.0000/	.0000	LS	\$.00	\$616.00
0063	7108979275/6008G6/SHAW	.0000/	.0000	LS	\$.00	\$420.00
0064	7108979301/6025G6/HINES	.0000/	.0000	LS	\$.00	\$519.50
0065	7108979302/6031G6/TROST	.0000/	.0000	LS	\$.00	\$263.00
0066	718979307/5816G6/FISHER	.0000/	.0000	LS	\$.00	\$225.00
0067	7108979308/3969G6/MCCLENATHAN	.0000/	.0000	LS	\$.00	\$242.00
0068	7108979309/6024G6/HODGES	.0000/	.0000	LS	\$.00	\$242.00
0069	7108979310/5795G6/THOMAS	.0000/	.0000	LS	\$.00	\$404.00
0070	7108979312/5985G6/WEAVER	.0000/	.0000	LS	\$.00	\$225.00
0071	7108979318/6034G6/BOWERS	.0000/	.0000	LS	\$.00	\$313.00
0072	7108979319/6004G6/WITHAEGER	.0000/	.0000	LS	\$.00	\$446.00
0073	718979322/6037G6/BLUML	.0000/	.0000	LS	\$.00	\$420.00
0074	7108979323/6029G6/HARRIS, L	.0000/	.0000	LS	\$.00	\$519.50
0075	7108979325/6030G6/KACHEK	.0000/	.0000	LS	\$.00	\$519.50
0076	7108979326/6028G6/MORGAN	.0000/	.0000	LS	\$.00	\$519.50
0077	7108979329/6053G6/KOBLER	.0000/	.0000	LS	\$.00	\$451.50
0078	7108979332/6020G6/ADDISON	.0000/	.0000	LS	\$.00	\$420.00
0079	7108979339/5639G6/MAVIS	.0000/	.0000	LS	\$.00	\$741.00
0080	7108979340/6048G6/VANATTA	.0000/	.0000	LS	\$.00	\$420.00
0081	7108979343/6055G6/SMITH	.0000/	.0000	LS	\$.00	\$420.00
0082	7108979344/5545G6/LEAHY	.0000/	.0000	LS	\$.00	\$133.80
0083	7108979344/5545G6/LEAHY	.0000/	.0000	LS	\$.00	\$312.20
0084	7108979347/6047G6/NIXON	.0000/	.0000	LS	\$.00	\$420.00
0085	7108979361/6104G6/KELLER	.0000/	.0000	LS	\$.00	\$405.00
0086	7108979362/6101G6/HALL	.0000/	.0000	LS	\$.00	\$405.00
0087	7108979369/6089G6/STEINLE	.0000/	.0000	LS	\$.00	\$957.00
0088	7108979374/75/5647G6/GOUGER	.0000/	.0000	LS	\$.00	\$239.00
0089	7108979376/6073G6/KELLER	.0000/	.0000	LS	\$.00	\$1,231.00
0090	7108979378/79/6107G6/HUBBARD	.0000/	.0000	LS	\$.00	\$451.50
0091	7108979380/63G6/VADER	.0000/	.0000	LS	\$.00	\$420.00
0092	7108979382/6051G6/SHERMAN	.0000/	.0000	LS	\$.00	\$1,196.20
0093	7108979386/37G6/VULCAN	.0000/	.0000	LS	\$.00	\$565.00
0094	7108979393/6121G6/BUECHLER	.0000/	.0000	LS	\$.00	\$692.40
0095	7108979395/6094G6/RUSHENBERG	.0000/	.0000	LS	\$.00	\$761.00
0098	7108979335/36/5923G6/PROSUCH	.0000/	.0000	LS	\$.00	\$136.50
0101	7108979403/6135G6/HEIDEN	.0000/	.0000	LS	\$.00	\$209.00
0102	7108979411/6043G6/ROZA	.0000/	.0000	LS	\$.00	\$418.50
0103	7108979414/6139G6/LEWIS	.0000/	.0000	LS	\$.00	\$649.00
0104	7108979421/6155G6/GOUGER	.0000/	.0000	LS	\$.00	\$128.00
0105	7108979422/6118G6/LINDQUIST	.0000/	.0000	LS	\$.00	\$420.00
0106	7108979284/5738G6/SHAHEEN	.0000/	.0000	LS	\$.00	\$59.00
0107	7108979284/5738G6/SHAHEEN	.0000/	.0000	LS	\$.00	\$59.00
0108	7103532241/5707G6/HODGES	.0000/	.0000	LS	\$.00	\$420.00
0109	7106542190/5900G6/HOBZA	.0000/	.0000	LS	\$.00	\$477.00

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
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1. CONTRACT/PURCH ORDER NO. 99/8-13-2000		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 23-AUG-2000		4. REQUISITION/PURCH REQUEST NO. W59XQG01533959		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY CODE			7. ADMINISTERED BY CODE			8. DELIVERY FOB [] DEST [] OTHER (See Schedule)			
9. CONTRACTOR VENDOR ID: NB22399 NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785			FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED		
					12. DISCOUNT TERMS				
					13. MAIL INVOICES TO See Block 15				
14. SHIP TO CODE			15. PAYMENT WILL BE MADE BY CODE			MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			
16. DELIVERY This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.									
PURCHASE Reference your furnish the following on terms specified herein.									
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0040	7106542224/4928G6/REINIG			.0000/		.0000	LS	\$.00	[REDACTED]
0055	7108979263/5990G6/WICHMAN			.0000/		.0000	LS	\$.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: CONTRACTING/ORDERING OFFICER			25. TOTAL	\$670.80	
							29. DIFFERENCES		
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 23-AUG-2000 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000002 [] PARTIAL [X] FINAL		28. D.O. VOUCHER NO. ** MULTIPLE ** 32. PAID BY 8735 29-AUG-00		30. INITIALS	
36. I certify this amount is correct and proper for payment DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER				31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL		33. AMT VERIFIED CORRECT FOR \$420.00		34. CHECK NUMBER 0000255032	
						35. BILL OF LADING NO.			
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 23-AUG-2000	40. TOTAL CONT.	41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA **ACCOUNT NUMBER**

Page 19 of 31

INDIVIDUAL CARDHOLDER ACTIVITY

DATE	AIRLINE	FLIGHT	ORIGIN	DESTINATION	FARE	TAXES	CVAT	CC
08-02	NWA AIR	0127108979436	OMAHA	NE	405.00	DR		
REF: [REDACTED] MCC:3060 PHONE:								
NM:PRICE/JULIE TKT:0127108979436 MVAT:								
OARP:BIS SVC:M DARP:MSP FR:MSPND DEP:080100								
OARP:MSP SVC:M DARP:BIS FR:MSPND DEP:080200								
08-02	NWA AIR	0127108979448	OMAHA	NE	627.00	DR		
REF: [REDACTED] MCC:3060 PHONE:								
NM:TWOEKK/JEROME TKT:0127108979448 MVAT:								
OARP:OMA SVC:Y DARP:MSP FR:YCA DEP:073100								
OARP:MSP SVC:Y DARP:ABR FR:YCA DEP:073100								
OARP:ABR SVC:Y DARP:MSP FR:YCA DEP:080100								
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:080100								
08-02	NWA AIR	0127108979450	OMAHA	NE	382.00	DR		
REF: [REDACTED] MCC:3060 PHONE:								
NM:SHAHEEN/WALEED TKT:0127108979450 MVAT:								
OARP:RAP SVC:Y DARP:MSP FR:YCA DEP:080300								
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:080300								
08-02	NWA AIR	0127108979456	OMAHA	NE	242.00	DR		
REF: [REDACTED] MCC:3060 PHONE:								
NM:BEHM/RANDY TKT:0127108979456 MVAT:								
OARP:OMA SVC:Y DARP:MSP FR:YCA DEP:080100								
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:080200								
08-02	NWA AIR	0127108979465	OMAHA	NE	474.00	DR		
REF: [REDACTED] MCC:3060 PHONE:								
NM:HOBZAJUDE TKT:0127108979465 MVAT:								
OARP:OMA SVC:Y DARP:MSP FR:YUP DEP:073100								
OARP:MSP SVC:Y DARP:FCA FR:YUP DEP:073100								
08-02	TWA AIRLINE	0157108979421	OMAHA	NE	128.00	DR		
REF: [REDACTED] MCC:3004 PHONE:								
NM:GOUGER/TIM TKT:0157108979421 MVAT:								
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:080200								
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:080300								
08-02	TWA AIRLINE	0157108979452	OMAHA	NE	337.00	DR		
REF: [REDACTED] MCC:3004 PHONE:								
NM:JONES/BRAD TKT:0157108979452 MVAT:								
OARP:OMA SVC:V DARP:STL FR:VDG DEP:080100								
OARP:STL SVC:V DARP:SHV FR:VDG DEP:080100								
OARP:SHV SVC:V DARP:STL FR:VDG DEP:080200								
OARP:STL SVC:V DARP:OMA FR:VDG DEP:080200								
08-03	DELTA AIR	0067108979481	OMAHA	NE	741.00	DR		
REF:24399000215360657087662 MCC:3058 PHONE:								
NM:TILLOTSON/MARK TKT:0067108979481 MVAT:								
CVAT: CC:								

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21							1. DATE OF REQUEST 28-JUL-2000	
REQUEST FOR OFFICIAL TRAVEL								
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P					3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE					5. ORGANIZATIONAL ELEMENT CENWO-CD-PC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY			8. SECURITY CLEARANCE []		9. PURPOSE OF TDY SITE VISIT-RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 3			b. PROCEED O/A (DATE) 02-AUG-2000					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 02-AUG-2000 AT 700 HRS TO : ST LOUIS MO MISSOURI DEPART ON 04-AUG-2000 AT 2000 HRS								
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE								
COMMERCIAL			GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)		
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.		
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)								
14. ESTIMATED COST							15. ADVANCE AUTHORIZED	
PER DIEM [REDACTED]		TRAVEL [REDACTED]		OTHER [REDACTED]		TOTAL \$688.00		\$.00
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.								
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 28-JUL-2000					18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 28-JUL-2000			
AUTHORIZATION								
19. ACCOUNTING CITATION [REDACTED] 100%								
20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION /ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA TRANSPORTATION ASSISTANT (FLEE) LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR. OMAHA, NE 68112							21. DATE ISSUED 28-JUL-2000	
							22. TRAVEL ORDER NUMBER 006155G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
28-JUL-2000

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
006155G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.
THE TTRA OF 1998 STIPULATES THAT THE GOV-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOV PERSONNE
L (CIV AND MIL) TO PAY FOR COSTS INCIDENT TO OFFICIAL TRAVEL UNLESS SPECIFICALLY EXEMPTED BY GSA OR

Action Edit Block Field Record Query Help

Obligation No: 99/8-13-2000 Delivery Order: NA Obligation LI: 0104
Amendment No: 0 Amend Date: 18-AUG-2000 Freight: Fast Pay:
Work Item: 002DCM Fund Account: G625294 Progress Pay:
Fund Citation: 96NAX3122 AMSCO: 015558 Resource: TRANSPER
Description: COMMERCIAL TRANSPORTATION MOA: C2 Allot: 2417 EOR: 21T1

<PGDN> To Execute RV Query

RV No	Customer Inv No	Schd Date	Disb Amount	DOV No	Check No	Pmnt Meth
96	NATIONSBANK22399	29-AUG-2000		180297	702131	TCHEC

RR Invoice Progress Pmts RV AP Transaction Check Register
Prev Page Prev Next Query List Save Exit Next Page

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 702131

Check No Trace: 1800078377

Replacement No:

Pmt Method: TCHEC DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: G6

Check Date: 29-AUG-2000

Reference No: 99/8-13-2000

Amount: 73036.90

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: NATIONS BANK CARD SERVICE

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: MORGAN, JAMES R SR

Date Signed: 29-AUG-2000

Initial Signature: 6E2922B20AB5463339A

Disbursing Officer's Signature: B548F09F3D88031639A

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 2/2

Action Edit Block Field Record Query ESIG Help

Ordering PR&C No: M59XQ690475615

Ordering Wt: 002X25

Approp Type: C

Accounting Class:

PR&C Line Item No: 1

REPRO FOR DACA45-98-D-0004 #6 SAUGHT

Resource Code: REPRO

DPS PRINT FACILITY CHARGES

Operating Work Item: RF3911

DEFENSE PRINTING SERVICE PAYMENTS

Requesting Org: G6H1JRO

Bill Number: 30170559

Bill Date: 21-AUG-2000

Bill Amount: 38.72

Begin Date:

End Date:

Qty Ordered: .0000

Qty Previously Issued:

Qty Due Out:

Unit Of Measure: LS

LUMP SUM

Standard Rate:

Remarks:

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 2/2

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT		PURCHASE INSTRUMENT NO.		REQUISITION NO.		DATE		PAGE	
For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY				W59X090475615		16Feb1999		0001	
TO: INFORMATION MANAGEMENT OFFICE				THRU:		FROM: RAPID RESPONSE RESIDENT OFFICE			
PURCHASED FOR RAPID RESPONSE RESIDENT OFFICE				DELIVERED TO SEE LINE ITEM BELOW		NOT LATER THAN (DATE)		SEE LINE ITEM BELOW	
<p>The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (check appropriate box and complete item)</p> <p>LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY</p> <p>REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY</p> <p>EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM</p>									
ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	UNIT PRICE	TOTAL COST	NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION			
0001	REPRO FOR DAKA45-98-D-0004 #6 SAUGET	0	LS	\$.00	\$200.00	TIMOTHY GOUGER			
DEL DATE	16Feb1999				96252 2400 002DCI	FUND CERTIFICATION			
SHIP TO					402-293-2514	The supplies and services listed on this request are properly charge-able to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.			
DEL TO	TIMOTHY GOUGER					ACCOUNTING CLASSIFICATION AND AMOUNT			
THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE						SEE LINE ITEM BELOW			
000 REPRO SET UP IN THE AMOUNT OF \$100.00 PER TIM GOUGER, FT. CROOK (16Feb99)						\$200.00			
TYPED NAME AND GRADE OF INITIATING OFFICER		SIGNATURE		DATE		TYPED NAME AND TITLE OF CERTIFYING OFFICER		SIGNATURE	
VELMA SANDERS		/S/VELMA SANDERS		16Feb1999		MAX MCCRIGHT		/S/MAX C MCCRIGHT	
TELEPHONE NO. 402.221.4290						STAFF ACCOUNTANT		16Feb1999	
TYPED NAME AND GRADE OF SUPPLY OFFICER		SIGNATURE		DATE		DISCOUNT TERMS			
						PURCHASE ORDER NUMBER			
DELIVERY REQUIREMENTS						ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES ___ NO ___			
IF YES, NUMBER OF DAYS REQUIRED									
TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNER		SIGNATURE		DATE		TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNER		SIGNATURE	
VELMA SANDERS		/S/VELMA SANDERS		16Feb1999		VELMA SANDERS		/S/VELMA SANDERS	
PROGRAM ANALYST									

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CONTRACT ADMINISTRATION BRANCH

TIMEKEEPER: 13 SUPERVISOR: CD06

NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 08/12/2000

PAY PERIOD ENDING: 08/12/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	07/30	07/31	08/01	08/02	08/03	08/04	08/05	08/06	08/07	08/08	08/09	08/10	08/11	08/12	Total
L21276								3.00	8.00	4.00										15.00
L66035													4.00	3.50				4.50		12.00
L66040										2.00								2.50		4.50
L66362						8.00	8.00	5.00												21.00
LEAVE																		1.00		1.00
LEAVE									2.00				4.00	4.50	8.00	8.00				26.50

*The above hours were ELECTRONICALLY SIGNED ON: 14-AUG-2000

BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00TOTAL HOURS REG= 52.50 HOL= OVT= ALV= 1.00 OLV= NON= 26.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE
[REDACTED]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 07/30/2000

LABOR-COST TO : 08/12/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
                SP-RATE      SP-RATE
*****
SANDERS V      [REDACTED]                                     80.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   - 27-DEC-2000 - 14:16 - SID G6CEFP1  ***
*****
```


ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 08/12/2000 PAY PERIOD ENDING: 08/12/2000

*****																			*****	
CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	07/30	07/31	08/01	08/02	08/03	08/04	08/05	08/06	08/07	08/08	08/09	08/10	08/11	08/12	Total
*****																			*****	
B08564						6.00														6.00
B08564										8.00					2.00	2.00	3.00			15.00
B08622						8.00	8.00													16.00
L65674																3.00	2.00	1.00		6.00
L65678															2.00	1.00				3.00
L65679															2.00					2.00
L66586								8.00	8.00						2.00	2.00	3.00	3.00		26.00
LEAVE														8.00				4.00		12.00

*The above hours were ELECTRONICALLY SIGNED ON: 14-AUG-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	6.00	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00								86.00
------------------	------	------	------	------	------	------	--	------	------	------	------	------	--	--	--	--	--	--	--	-------

TOTAL HOURS	REG=	68.00	HOL=		OVT=	6.00	ALV=	12.00	OLV=		NON=									
-------------	------	-------	------	--	------	------	------	-------	------	--	------	--	--	--	--	--	--	--	--	--

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[REDACTED]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 07/30/2000

LABOR-COST TO : 08/12/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
                SP-RATE      SP-RATE
*****
GOUGER T      [REDACTED]                                     86.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -   27-DEC-2000   -   14:16   -   SID G6CEFMP1   ***
*****
```

ORGANIZATION TITLE: CONTRACT ADMINISTRATION BRANCH

TIMEKEEPER: 13 SUPERVISOR: CD06

NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 08/26/2000

PAY PERIOD ENDING: 08/26/2000

```

*****
CHARGE WORK HRS SH N EV
CODE ITEM TYP CD D HZ 08/13 08/14 08/15 08/16 08/17 08/18 08/19 08/20 08/21 08/22 08/23 08/24 08/25 08/26 Total
*****
B06808 [REDACTED] 3.50 6.00 9.50
B08441 [REDACTED] 8.00 2.00 10.00
L21276 [REDACTED] 6.50 8.00 0.50 15.00
L66040 [REDACTED] 6.00 1.50 7.50
L66362 [REDACTED] 5.00 5.00
L66608 [REDACTED] 4.00 7.00 1.00 12.00
L66631 [REDACTED] 2.00 6.00 4.00 12.00
LEAVE [REDACTED] 1.00 2.00 1.00 1.00 4.00 9.00

```

*The above hours were ELECTRONICALLY SIGNED ON: 28-AUG-2000

BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00

TOTAL HOURS REG= 71.00 HOL= OVT= ALV= 9.00 OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD06

FOR TIMEKEEPER: 13

LABOR-COST FROM : 08/13/2000

LABOR-COST TO : 08/26/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED	
	SP-RATE		SP-RATE						

SANDERS V							80.00	Y	

 *** E N D O F R E P O R T - 27-DEC-2000 - 14:16 - SID G6CEFMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 08/26/2000

PAY PERIOD ENDING: 08/26/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	08/13	08/14	08/15	08/16	08/17	08/18	08/19	08/20	08/21	08/22	08/23	08/24	08/25	08/26	Total
B08557							3.00													3.00
B08564						4.00	1.00	1.00	2.00	1.00			2.00	1.00		2.00	2.00			16.00
L65674							1.00						2.00	1.00	2.00	1.00	1.00			8.00
L65678						1.00	2.00	2.00	3.00	1.00			1.00	2.00	3.00		1.00			16.00
L65679								1.00	1.00	4.00			2.00	3.00	1.00	3.00	3.00			18.00
L66586							4.00	4.00	2.00	2.00			1.00	1.00	2.00	2.00	1.00			19.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-AUG-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00TOTAL HOURS REG= 80.00 HOL= OVT= ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[REDACTED]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

certlabr.2.1.20 643
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 14:17:07

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 08/13/2000

LABOR-COST TO : 08/26/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L  TOTAL  CERTIFIED
SP-RATE              SP-RATE
*****
GOUGER T      [REDACTED]                                     80.00  Y
*****
```

```
*****
*** END OF REPORT - 27-DEC-2000 - 14:17 - SID G6CEFMP1 ***
*****
```

CIC #: 99EPA SUPERFUND
BILLED DATE 29-SEP-2000
CUSTOMER ORDER NUMBER DW96947840-0560

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006

PAGE NO. 001

ACCOUNTS OF

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.

28027068
PARTIAL # 24 01-SEP-2000 THRU 29-SEP-2000

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

NA

LINE ITEM

MOA

DESCRIPTION

000001 CONTRACT - OUTSIDE GOVERNMENT
000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - OTHER RESOURCES
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

TRANSP OF GOVT EMPLOYEES OR OTHERS, PERDIEM ALLOW IN TVL STATUS & OTH INCIDENTAL TRVL EXP
PVT SCTR CONTRACTUAL CONSTRUCTION SERVICES (PLACEMENT)
RAPID RESPONSE USER FEE
DEPARTMENTAL OVERHEAD COSTS
GENERAL AND ADMINISTRATIVE OVERHEAD COSTS
LABOR

SUBTOTAL

PARTIAL AMOUNT PAID

\$119,422.17

PAYMENT DUE DATE 29-OCT-2000

PAY THIS AMOUNT

\$.00

FUNDS AUTHORIZED:
TOTAL BILLED AMOUNT:
PREVIOUS BILLED AMOUNT:
CURRENT BILLED AMOUNT:
TOTAL FLUX BILLED:
PREVIOUS FLUX BILLED:
CURRENT FLUX BILLED:

\$.00
\$.00
\$.00

DATE

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 21-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 09-2000

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
18-SEP-2000	W59XQG02361796	99/EOY/AUG-SEP#3	NA		0009	TRANSPER		
19-SEP-2000	W59XQG02361796	006654G6	NA		1	TRANSPER		
21-SEP-2000	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		
21-SEP-2000	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		
SUBTOTAL COST:								\$116,275.00

INHOUSE - OTHER RESOURCES

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
20-SEP-2000	W59XQG02634657					RAPIDUSER		
SUBTOTAL COST:								

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
11-SEP-2000	L66586	08-SEP-2000							
12-SEP-2000	L66586	11-SEP-2000							
15-SEP-2000	L66586	12-SEP-2000							
18-SEP-2000	L66586	15-SEP-2000							
19-SEP-2000	L66586	19-SEP-2000							
22-SEP-2000	L66586	22-SEP-2000							
26-SEP-2000	L66586	29-SEP-2000							
SUBTOTAL CO									
TOTAL COST:								\$119,422.17	

*** END OF REPORT - 21-DEC-2001 - 11:01 - SID G6CEFMPI ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-AUG-2000
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
* *
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* *
* *
* *
* *
* *
* *

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.
28025200
PARTIAL # 22 01-JUL-2000 THRU 01-AUG-2000

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

[REDACTED]		NA	[REDACTED]	96252	[REDACTED]
LINE ITEM	MOA	DESCRIPTION			
000001	INHOUSE - LABOR	DEPARTMENTAL OVERHEAD COSTS			
000001	INHOUSE - LABOR	GENERAL AND ADMINISTRATIVE OVERHEAD COSTS			
000001	INHOUSE - LABOR	LABOR			
SUBTOTAL					[REDACTED]
PARTIAL AMOUNT PAID					\$1,602.76
PAYMENT DUE DATE 31-AUG-2000					
PAY THIS AMOUNT					\$.00

FUNDS AUTHORIZED:
TOTAL BILLED AMOUNT:
PREVIOUS BILLED AMOUNT:
CURRENT BILLED AMOUNT:
TOTAL FLUX BILLED:
PREVIOUS FLUX BILLED:
CURRENT FLUX BILLED:

\$.00
\$.00
\$.00

DATE

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

ACCOUNTING PERIOD: 07-2000

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
17-JUL-2000	L21276	06-JUL-2000	[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
30-JUL-2000	L21276	18-JUL-2000	[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
SUBTOTAL CO						[REDACTED]	[REDACTED]	[REDACTED]	\$1,602.76
TOTAL COST:									\$1,602.76

 *** END OF REPORT - 21-DEC-2001 - 10:58 - SID G6CEFMP1 ***

ORGANIZATION TITLE: CONTRACT ADMINISTRATION BRANCH

TIMEKEEPER: 13 SUPERVISOR: CD06

NAME: SANDERS V

FLSA: E CUTOFF DATE IS: 07/15/2000

PAY PERIOD ENDING: 07/15/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	07/02	07/03	07/04	07/05	07/06	07/07	07/08	07/09	07/10	07/11	07/12	07/13	07/14	07/15	Total
B08441																		7.00		7.00
B08591									1.00					8.00	7.00		8.00	1.00		25.00
L21276									8.00	7.00										15.00
LEAVE						8.00										1.00				9.00
LEAVE							8.00													8.00
LEAVE										8.00			8.00							16.00

*The above hours were ELECTRONICALLY SIGNED ON: 17-JUL-2000

BY: BIRKETT, JOLENE A JOB TITLE: CIVIL ENGINEER

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	80.00
------------------	------	------	------	------	------	--	------	------	------	------	------	------	------	------	------	------	------	------	------	-------

TOTAL HOURS	REG=	47.00	HOL=		OVT=		ALV=	9.00	OLV=		NON=	24.00
SP-RATE-HRS=												

FOR THESE WORK ITEMS:

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD06

FOR TIMEKEEPER: 13

LABOR-COST FROM : 07/02/2000

LABOR-COST TO : 07/15/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
SANDERS V      [REDACTED]                                     80.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -  27-DEC-2000  -  14:14  -  SID G6CEFMP1  ***
*****
```

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 14:14:45

ORGANIZATION TITLE: CONTRACT ADMINISTRATION BRANCH

TIMEKEEPER: 13 SUPERVISOR: CD06

NAME: SANDERS V

FLSA: E CUTOFF DATE IS: 07/29/2000

PAY PERIOD ENDING: 07/29/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	07/16	07/17	07/18	07/19	07/20	07/21	07/22	07/23	07/24	07/25	07/26	07/27	07/28	07/29	Total
B06808															3.00	7.00	8.00			18.00
B08441														5.00	5.00					10.00
B08591								1.00	8.00	6.00	8.00			2.00						25.00
L21276							8.00	7.00												15.00
LEAVE										2.00				1.00		1.00		8.00		12.00

*The above hours were ELECTRONICALLY SIGNED ON: 28-JUL-2000

BY: GOSMIRE, TERRY L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00

TOTAL HOURS REG= 68.00 HOL= OVT= ALV= 12.00 OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 14:14:45

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 07/16/2000

LABOR-COST TO : 07/29/2000

EMPLOYEE COUNT = 1

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*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
SANDERS V      [REDACTED]                                     80.00      Y
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***  E N D   O F   R E P O R T   - 27-DEC-2000 - 14:14 - SID G6CEPMP1  ***
*****
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CIC #: 99EPA SUPERFUND
BILLED DATE 01-JUL-2000
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
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D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.
28024246
PARTIAL # 21 01-JUN-2000 THRU 01-JUL-2000

BILLED OFFICE (MAIL TO):
CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):
USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

LINE ITEM	MOA	DESCRIPTION	
000001	INHOUSE - OTHER RESOURCES	RAPID RESPONSE USER FEE	
000001	INHOUSE - LABOR	DEPARTMENTAL OVERHEAD COSTS	
000001	INHOUSE - LABOR	GENERAL AND ADMINISTRATIVE OVERHEAD COSTS	
000001	INHOUSE - LABOR	LABOR	
			SUBTOTAL
			PARTIAL AMOUNT PAID \$3,699.81
			PAYMENT DUE DATE 31-JUL-2000 PAY THIS AMOUNT \$.00

FUNDS AUTHORIZED:
TOTAL BILLED AMOUNT:
PREVIOUS BILLED AMOUNT:
CURRENT BILLED AMOUNT:
TOTAL FLUX BILLED:
PREVIOUS FLUX BILLED:
CURRENT FLUX BILLED:

\$.00
\$.00
\$.00

DATE

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

TRANSACTION LISTING
OMAHA DISTRICT

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 06-2000

INHOUSE - OTHER RESOURCES

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
13-JUN-2000	W59XQG92577750					RAPIDUSER		
17-JUN-2000	W59XQG01665457					RAPIDUSER		
SUBTOTAL COST:								\$2,099.79

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
19-JUN-2000	L21276	06-JUN-2000							
30-JUN-2000	L21276	20-JUN-2000							
SUBTOTAL CO									
TOTAL COST:								\$3,699.81	

*** END OF REPORT - 21-DEC-2001 - 10:57 - SID G6CEFMP1 ***

Action Edit Block Field Record Query ESIG Help

Ordering PR&C No: 059X0092577750

Ordering Wt: 002DCL

Approp Type: C

Accounting Class:

PR&C Line Item No: 7

RAPID USER FEE, SAUGET SITE 1 98-D-0004 D06

Resource Code: RAPIDUSER

RAPID RESPONSE USER FEE

Operating Work Item: 162KGC

RAPID RESPONSE ACQUISITIONS

Requesting Org: G6H4Q00

PROGRAMS MANAGEMENT BRANCH

Bill Number: 30160444

Bill Date: 13-JUN-2000

Bill Amount:

Begin Date:

End Date:

Qty Ordered: .0000

Qty Previously Issued:

Qty Due Out:

Unit Of Measure: LS

LUMP SUM

Standard Rate:

Remarks:

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 7/?

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY				PURCHASE INSTRUMENT NO.		REQUISITION NO. W59XQG92577750		DATE 01Aug2000		PAGE 0001																																																				
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								/S/THERESA MALLETT 01Aug2000																																																						

REMARKS CONTINUED:

001 MONIKA SEEBA).

002 LINES 7 THROUGH 11 = RAPID USER FEES FOR SAUGET SITE 1, WELD COUNTY WASTE,

002 MANSFIELD OH, AND BRYANT MILL POND AKA KALAMAZOO.

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY				PURCHASE INSTRUMENT NO.		REQUISITION NO. W59XQG92577750		DATE 01Aug2000		PAGE 0002																																																																																																					
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DEL DATE SHIP TO 0010	22May2000 BARBARA HASKINS RAPID USERFEE, KALAMAZOO 98-D-	0	LS	\$.00	96252 2530 A00149	402-221-7823																																																				
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Action Edit Block Field Record Query ESIG Help

Ordering PR&C No: W89XQ601865457

Ordering Wt: 002DCM

Approp Type: C

Accounting Class:

PR&C Line Item No: 5

RAPIDUSER FEE, SAUGET SITE 1 98-D-0004 D06

Resource Code: RAPIDUSER

RAPID RESPONSE USER FEE

Operating Work Item: 162KGC

RAPID RESPONSE ACQUISITIONS

Requesting Org: G6H4H00

Bill Number: 30160782

Bill Date: 17-JUN-2000

Bill Amount: 975.00

Begin Date:

End Date:

Qty Ordered: .0000

Qty Previously Issued:

Qty Due Out:

Unit Of Measure: LS

LUMP SUM

Standard Rate:

Remarks:

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 5/?

SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY				PURCHASE INSTRUMENT NO.		REQUISITION NO. W59XQG01665457		DATE 14Jun2000		PAGE 0001																																																																																																																																						
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ITEM	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT	ESTIMATED							
				UNIT PRICE	TOTAL COST						
0004	RAPIDUSER FEE, HAVERTOWN 94-D-0005 DO5	0	LS	\$.00	\$ [REDACTED]	SEE LINE ITEM BELOW \$99,407.64					
DEL DATE	14Jun2000 [REDACTED]				96252 2530 A00131						
SHIP TO	BARBARA HASKINS				402-221-7823	TYPED NAME AND TITLE OF CERTIFYING OFFICER		SIGNATURE		DATE	
0005	RAPIDUSER FEE, SAUGET SITE 1 98-D-0004 DO6	0	LS	\$.00	[REDACTED]	MAX MCCRIGHT STAFF ACCOUNTANT		/S/MAX C MCCRIGHT		15Jun2000	
DEL DATE	14Jun2000 [REDACTED]				96252 2530 002DCL	DISCOUNT TERMS					
SHIP TO	BARBARA HASKINS				402-221-7823						
0006	RAPIDUSER FEE, WELD COUNTY 98-D-0004 DO8	0	LS	\$.00	[REDACTED]	PURCHASE ORDER NUMBER					
DEL DATE	14Jun2000 [REDACTED]				96252 2530 003PQL						
SHIP TO	BARBARA HASKINS				402-221-7823	DELIVERY REQUIREMENTS					
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TELEPHONE NO. 402-221-7823											
TYPED NAME AND GRADE OF SUPPLY OFFICER		SIGNATURE				DATE		BARBARA HASKINS PROGRAM ANALYST		/S/BARBARA HASKINS	
										14Jun2000	

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TYPED NAME AND GRADE OF INITIATING OFFICER BARBARA HASKINS TELEPHONE NO. 402-221-7823						SIGNATURE /S/BARBARA HASKINS		DATE 14Jun2000		TYPED NAME AND TITLE OF CERTIFYING OFFICER MAX MCCRIGHT STAFF ACCOUNTANT																																																																																														
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SHOP/FACILITY IN-HOUSE PURCHASE REQUEST AND COMMITMENT For use of this form, see AR 37-1: the proponent agency is Hq Dept. ARMY				PURCHASE INSTRUMENT NO.		REQUISITION NO. W59XQG01665457		DATE 14Jun2000		PAGE 0004															
TO: PROGRAMS MANAGEMENT BRANCH				THRU:				FROM: HAZARD, TOXIC & RADIO WASTE BR																	
It is requested that the supplies and services enumerated below or on attached list be:																									
PURCHASED FOR HAZARD, TOXIC & RADIO WASTE BR				DELIVERED TO SEE LINE ITEM BELOW						NOT LATER THAN (DATE) SEE LINE ITEM BELOW															
The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item)						NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION JOHN KIRSCHBAUM			TELEPHONE NUMBER 402-221-7714																
LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY				REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY				Fund Certification The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.																	
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ORGANIZATION TITLE: CONTRACT ADMINISTRATION BRANCH

TIMEKEEPER: 13 SUPERVISOR: CD06

NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 06/17/2000

PAY PERIOD ENDING: 06/17/2000

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	06/04	06/05	06/06	06/07	06/08	06/09	06/10	06/11	06/12	06/13	06/14	06/15	06/16	06/17	Total
B06808									3.00	7.00				1.25						11.25
B08441							1.00	4.00	5.00								8.00			18.00
L21276						8.00	7.00													15.00
L65502														6.75	8.00					14.75
LEAVE									1.00									8.00		9.00
LEAVE								4.00								8.00				12.00

*The above hours were ELECTRONICALLY SIGNED ON: 19-JUN-2000

BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

TOTAL HOURS	REG=	59.00	HOL=		OVT=		ALV=	9.00	OLV=		NON=	12.00
SP-RATE-HRS=												

FOR THESE WORK ITEMS:

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 06/04/2000

LABOR-COST TO : 06/17/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
                SP-RATE      SP-RATE
*****
SANDERS V      [REDACTED]                                     80.00      Y
*****
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*****
***  E N D   O F   R E P O R T   -  27-DEC-2000 - 14:12 -  SID G6CEFMP1  ***
*****
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002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD06

FOR TIMEKEEPER: 13

LABOR-COST FROM : 06/18/2000

LABOR-COST TO : 07/01/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
SANDERS V      [REDACTED]      [REDACTED]      80.00      Y
*****
```

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*****
***  E N D   O F   R E P O R T   -   27-DEC-2000   - 14:12   -   SID G6CEPMP1   ***
*****
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CIC #: 99EPA SUPERFUND

BILLED DATE 01-JUN-2000

CUSTOMER ORDER NUMBER DW96947840-0560

(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
* *
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* *

D.O.VOUCHER NO. BU VOUCHER NO.

BILL NO.

PAID BY CHECK NO.

COLLECTION VOU. NO.

28023389

PARTIAL # 20 01-MAY-2000 THRU 01-JUN-2000

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

NA

\$4,560.39

LINE ITEM

MOA

DESCRIPTION

000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

TRANSP OF GOVT EMPLOYEES OR OTHERS, PERDIEM ALLOW IN TVL STATUS & OTH INCIDENTAL TRVL EXP
DEPARTMENTAL OVERHEAD COSTS
GENERAL AND ADMINISTRATIVE OVERHEAD COSTS
LABOR

SUBTOTAL

PARTIAL AMOUNT PAID

\$4,560.39

PAYMENT DUE DATE 01-JUL-2000

PAY THIS AMOUNT

\$.00

FUNDS AUTHORIZED:
TOTAL BILLED AMOUNT:
PREVIOUS BILLED AMOUNT:
CURRENT BILLED AMOUNT:
TOTAL FLUX BILLED:
PREVIOUS FLUX BILLED:
CURRENT FLUX BILLED:

\$.00
\$.00
\$.00

DATE

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICT

Page: 1

Date: 21-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 05-2000

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
23-MAY-2000	W59XQG01099742	99/5-13-2000B	NA		0002	TRANSPER		
SUBTOTAL COST:								

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
08-MAY-2000	L42453	26-APR-2000							
08-MAY-2000	L42453	01-MAY-2000							
08-MAY-2000	L35672	05-MAY-2000							
08-MAY-2000	L35672	27-APR-2000							
22-MAY-2000	L35672	12-MAY-2000							
31-MAY-2000	L21276	24-MAY-2000							
SUBTOTAL CO									
TOTAL COST:								\$4,560.39	

*** END OF REPORT - 21-DEC-2001 - 10:55 - SID G6CEFMP1 ***

Action Edit Block Field Record Query ESIQ Help

Obli No:	99/5-13-200003	Fund Type:	F	Fast Pay:	<input type="checkbox"/>	Reversal:	<input type="checkbox"/>
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER		
Line Item No:	0002	Approp Type:	?	Debtor Bill No:			
Rec Rpt No:		EAD:		MOA:	C2	Acct Phase:	E5A
Invoice No:		Accrual:		EOR:	21T1	Trans Date:	23-MAY-2000
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	23-MAY-2000		
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:			
Resource Plan:	1	Work Cat:	01A10	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:			
Appropriation:				Period:	200005		
Transaction Id:	2656818	GL Corr Id:	AP910	GL Not Posted?:	<input type="checkbox"/>		
Prop Cat Code:		Source:	GTRREC	TBO Rpt:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			128.00

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 2/2

Action Edit Block Field Record Query ESIG Help

Travel Order No: 003880G6
Travel Order Date: 17-APR-2000Employee: TIMOTHY P GOUGER
Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
003880G6	1	NON-GTR TRAVE	002DCL	21T2			0.00
99/5-13-2000B	0002	7783426769/38	002DCL	21T1			0.00

View Funding

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/5-13-2000B		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 23-MAY-2000		4. REQUISITION/PURCH REQUEST NO. W59XQG00958274		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS-ADVANTAGED [] WOMEN-OWNED	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO See Block 15			
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE				DATE SIGNED	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	7783426764/3542G6/WHITE, S			.0000/		.0000	LS	\$.00	[REDACTED]
0002	7783426769/3880G6/GOUGER			.0000/		.0000	LS	\$.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA			25. TOTAL		\$28,440.29
				BY: _____			29. DIFFERENCES		
				CONTRACTING/ORDERING OFFICER					
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 23-MAY-2000 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000001		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS	
				[] PARTIAL [X] FINAL		32. PAID BY 8736		33. AMT VERIFIED CORRECT FOR \$426.00	
36. I certify this amount is correct and proper for payment				31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL		26-MAY-00		34. CHECK NUMBER 0000648692	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 23-MAY-2000		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER	
								42. S/R VOUCHER NO.	

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	7783426771/3842G6/MORRIS	.0000/	.0000 LS	\$.00	\$785.00
0004	7783426775/3903G6/COUNCIL	.0000/	.0000 LS	\$.00	\$404.00
0005	7763426783/3928G6/JOHNSON, M	.0000/	.0000 LS	\$.00	\$426.00
0006	7783426786/3869G6/NOVOTNY	.0000/	.0000 LS	\$.00	\$141.50
0007	7783426787/3873G6/NOVOTNY	.0000/	.0000 LS	\$.00	\$467.00
0008	7783426789/3920G6/HEIDEN	.0000/	.0000 LS	\$.00	\$211.00
0009	7783426790/3919G6/HEIDEN	.0000/	.0000 LS	\$.00	\$544.00
0010	7783426792/3917G6/HARTLEY	.0000/	.0000 LS	\$.00	\$79.00
0011	7783426794/3916G6/DARLING	.0000/	.0000 LS	\$.00	\$795.00
0012	7783426798/3526G6/BICKFORD	.0000/	.0000 LS	\$.00	\$146.00
0013	7783426803/3924G6/FOX	.0000/	.0000 LS	\$.00	\$803.00
0014	7783426804/3794G6/CINTRON	.0000/	.0000 LS	\$.00	\$420.00
0015	7783426815/3030G6/OLSEN, J	.0000/	.0000 LS	\$.00	\$758.00
0016	7783426819/3953G6/MEIER	.0000/	.0000 LS	\$.00	\$451.50
0017	7783426827/3938G6/MEYER	.0000/	.0000 LS	\$.00	\$141.50
0018	7783426837/63G6/VADER	.0000/	.0000 LS	\$.00	\$421.00
0019	7783426840/3962G6/LINDQUIST	.0000/	.0000 LS	\$.00	\$420.00
0020	7783426841/3942G6/FILIPS	.0000/	.0000 LS	\$.00	\$227.00
0021	7783426847/3971G6/WILSON, T	.0000/	.0000 LS	\$.00	\$159.00
0022	7783426857/3986G6/INGRAM	.0000/	.0000 LS	\$.00	\$420.00
0023	7783426858/34G6/TILLOTSON	.0000/	.0000 LS	\$.00	\$741.00
0024	7783426859/3994G6/MELLEMA	.0000/	.0000 LS	\$.00	\$174.00
0025	7783426860/3925G6/MAILANDER	.0000/	.0000 LS	\$.00	\$803.00
0026	7783426866/3789G6/MORRISSEY, M	.0000/	.0000 LS	\$.00	\$211.50
0027	7783426867/4007G6/SHAHEEN	.0000/	.0000 LS	\$.00	\$175.00
0028	7783426870/4013G6/WESTENBURG	.0000/	.0000 LS	\$.00	\$446.00
0029	7783426869/4012G6/LEAHY	.0000/	.0000 LS	\$.00	\$446.00
0030	7783426871/3950G6/LUCKEY	.0000/	.0000 LS	\$.00	\$277.00
0031	7783426872/34G6/TILLOTSON	.0000/	.0000 LS	\$.00	\$128.00
0032	7783426882/4005G6/PISCI	.0000/	.0000 LS	\$.00	\$420.00
0033	7783426883/3904G6/POPELKA	.0000/	.0000 LS	\$.00	\$420.00
0034	7783426889/4017G6/MCPAUL	.0000/	.0000 LS	\$.00	\$420.00
0035	7783426892/62G6/COOPER	.0000/	.0000 LS	\$.00	\$277.00
0036	7783426893/3893G6/SHERMAN	.0000/	.0000 LS	\$.00	\$441.75
0037	7783426893/3893G6/SHERMAN	.0000/	.0000 LS	\$.00	\$441.75
0038	7783426901/3702G6/MCPAUL	.0000/	.0000 LS	\$.00	\$128.00
0039	7783426903/3737G6/TRACY	.0000/	.0000 LS	\$.00	\$277.00
0040	7783426904/3739G6/CARBULLIDO	.0000/	.0000 LS	\$.00	\$277.00
0041	7783426905/3881G6/COSTELLO	.0000/	.0000 LS	\$.00	\$179.00
0042	7783426906/3964G6/FRENCH	.0000/	.0000 LS	\$.00	\$446.00
0043	7783426908/3363G6/JENDZEJEC	.0000/	.0000 LS	\$.00	\$857.00
0044	7783426914/3983G6/CRAWFORD	.0000/	.0000 LS	\$.00	\$287.00
0045	7783426916/4025G6/WICHMAN	.0000/	.0000 LS	\$.00	\$287.00
0046	7783426924/3581G6/ANDERSON, C	.0000/	.0000 LS	\$.00	\$534.00
0047	7783426926/34G6/TILLOTSON	.0000/	.0000 LS	\$.00	\$187.00
0048	7783426927/4020G6/STRECKFUSS	.0000/	.0000 LS	\$.00	\$863.00
0049	7783426931/3963G6/DAVIS	.0000/	.0000 LS	\$.00	\$832.00
0050	7783426937/4023G6/CONRIN	.0000/	.0000 LS	\$.00	\$263.00
0051	7783426940/3820G6/KOBLER	.0000/	.0000 LS	\$.00	\$426.00
0052	7783426944/3931G6/BARR	.0000/	.0000 LS	\$.00	\$426.00
0053	7783426945/4026G6/SACHS	.0000/	.0000 LS	\$.00	\$628.29
0054	7783426947/4047G6/BREY	.0000/	.0000 LS	\$.00	\$863.00
0055	7783426949/3965G6/MCCORMICK	.0000/	.0000 LS	\$.00	\$832.00
0056	7783426950/4035G6/MILLER, D	.0000/	.0000 LS	\$.00	\$451.50
0057	7783426951/3966G6/MCELROY	.0000/	.0000 LS	\$.00	\$832.00
0058	7783426952/4057G6/MCELROY	.0000/	.0000 LS	\$.00	\$321.00

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT
0059	7783426956/4067G6/COY	.0000/	.0000	LS	\$.00	\$239.00
0060	7783426959/4053G6/MCCORMICK	.0000/	.0000	LS	\$.00	\$321.00
0061	7783426961/4069G6/KANE	.0000/	.0000	LS	\$.00	\$771.50
0062	7783426973/4076G6/MINICZ	.0000/	.0000	LS	\$.00	\$443.50
0063	7783426975/4070G6/SKAR	.0000/	.0000	LS	\$.00	\$507.00
0064	7783426976/4043G6/HODGES	.0000/	.0000	LS	\$.00	\$420.00
0065	7783426977/4060G6/ROZA	.0000/	.0000	LS	\$.00	\$420.00
0066	7783426978/4031G6/RUFF	.0000/	.0000	LS	\$.00	\$128.00
0067	7783426942/3585G6/NARDIN	.0000/	.0000	LS	\$.00	\$420.00

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

ACCOUNT NUMBER

Page 11 of 41

INDIVIDUAL CARDHOLDER ACTIVITY

OARP:TUS SVC:Q DARP:PHX FR:QDG DEP:050400
OARP:PHX SVC:Q DARP:OMA FR:QDG DEP:050400

DATE	AIRLINE	FLIGHT	ORIGIN	DESTINATION	FARE	CARRIER
04-20	NWA AIR	0127780790993	OMAHA	NE	758.00	D
RE: [REDACTED] MCC:3060 PHONE: [REDACTED]						
NM:TEMEYER/TIM TKT:0127780790993 MVAT:						
OARP:OMA SVC:Y DARP:MSP FR:YCA DEP:042000						
OARP:MSP SVC:Y DARP:RAP FR:YCA DEP:042000						
OARP:RAP SVC:Y DARP:MSP FR:YCA DEP:042100						
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:042100						
04-20	NWA AIR	0127783426762	OMAHA	NE	587.00	D
RE: [REDACTED] MCC:3060 PHONE: [REDACTED]						
NM:WOODS/JERRY TKT:0127783426762 MVAT:						
OARP:OMA SVC:Y DARP:MSP FR:YCA DEP:042500						
OARP:MSP SVC:H DARP:GFK FR:H26ND DEP:042500						
OARP:GFK SVC:H DARP:MSP FR:H26ND DEP:042600						
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:042800						
04-20	NWA AIR	0127783426771	OMAHA	NE	785.00	DI
RE: [REDACTED] MCC:3060 PHONE: [REDACTED]						
NM:MORRIS/LINDA TKT:0127783426771 MVAT:						
OARP:OMA SVC:Y DARP:MSP FR:YCA DEP:042400						
OARP:MSP SVC:Y DARP:RAP FR:YCA DEP:042400						
OARP:RAP SVC:M DARP:DEN FR:MUA DEP:042500						
OARP:DEN SVC:M DARP:OMA FR:MUA DEP:042500						
04-20	TWA AIRLINE	0157783426751	OMAHA	NE	227.00	DI
RE: [REDACTED] MCC:3004 PHONE: [REDACTED]						
NM:BONNEAU/WILLIAM F TKT:0157783426751 MVAT:						
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:042400						
OARP:STL SVC:S DARP:TUL FR:SDG DEP:042400						
OARP:TUL SVC:S DARP:STL FR:SDG DEP:042800						
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:042800						
04-20	TWA AIRLINE	0157783426769	OMAHA	NE	128.00	DI
RE: [REDACTED] MCC:3004 PHONE: [REDACTED]						
NM:GOUGER/TIMOTHY TKT:0157783426769 MVAT:						
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:041900						
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:042100						
04-20	TWA AIRLINE	0157783426770	OMAHA	NE	128.00	DI
RE: [REDACTED] MCC:3004 PHONE: [REDACTED]						
NM:GOUGER/TIMOTHY TKT:0157783426770 MVAT:						
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:042400						
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:042800						
04-20	MIDWEST EXP	4537780790995	OMAHA	NE	404.00	DI
RE: [REDACTED] MCC:3085 PHONE: [REDACTED]						
NM:DAVIES/MARCIA TKT:4537780790995 MVAT:						
OARP:OMA SVC:Y DARP:DCA FR:YCADCA DEP:042400						

DD FORM 1610, 1 JUN 67

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
17-APR-2000

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
003880G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

Action Edit Block Field Record Query Help

Obligation No: 99/5-13-2000B Delivery Order: NA Obligation LI: 0002
Amendment No: 0 Amend Date: 19-MAY-2000 Freight: Fast Pay:
Work Item: 002DCL Fund Account: G625294 Progress Pay:
Fund Citation: 96NAX3122 AMSCO: 015558 Resource: TRANSPER
Description: COMMERCIAL TRANSPORTATION MQA: C2 Allot: 2417 EOR: 21T1

<PGDN> To Execute RV Query

RV No	Customer Inv No	Schd Date	Disb Amount	DOV No	Check No	Pmt Meth
6	NATIONSBANK22399	26-MAY-2000		171284	648692	TCHEC

RR Invoice Progress Pmts RV AP Transaction Check Register
Prev Page Prev Next Query List Save Exit Next Page

Record: 1/1

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 648692

Check No Trace: 1800070315

Replacement No:

Pmt Method: TCHEC DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: G6

Check Date: 26-MAY-2000

Reference No: 99/5-13-2000A

Amount:

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: NATIONS BANK CARD SERVICE

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: MORGAN, JAMES R SR

Date Signed: 26-MAY-2000

Initial Signature: D324B4971D027D13392

Disbursing Officer's Signature: D0FC8A485B4FA093392

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 2/2

ORGANIZATION TITLE: CONTRACT ADMINISTRATION BRANCH

TIMEKEEPER: 13 SUPERVISOR: CD06

NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 05/06/2000

PAY PERIOD ENDING: 05/06/2000

*****																			*****	
CHARGE	WORK	HRS	SH	N	EV															Total
CODE	ITEM	TYP	CD	D	HZ	04/23	04/24	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	05/06	

B06808																5.50	8.00	8.00		21.50
B08441														1.00	8.00	1.00				10.00
L42453						8.00	8.00	8.00						7.00						31.00
LEAVE										8.00						1.50				9.50
LEAVE											8.00									8.00

*The above hours were ELECTRONICALLY SIGNED ON: 08-MAY-2000

BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	8.00	8.00	8.00		80.00
------------------	------	------	------	------	------	--	------	------	------	------	------	--	-------

TOTAL HOURS	REG=	62.50	HOL=	OVT=	ALV=	9.50	OLV=	NON=	8.00
-------------	------	-------	------	------	------	------	------	------	------

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[REDACTED]

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 14:05:20

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD06

FOR TIMEKEEPER: 13

LABOR-COST FROM : 04/23/2000

LABOR-COST TO : 05/06/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
SANDERS V      [REDACTED]                               80.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -  27-DEC-2000  - 14:05  -  SID G6CEFPMP1  ***
*****
```

ORGANIZATION TITLE: CONTRACT ADMINISTRATION BRANCH

TIMEKEEPER: 13 SUPERVISOR: CD06

NAME: SANDERS V

FLSA: E CUTOFF DATE IS: 05/06/2000

PAY PERIOD ENDING: 05/06/2000

CHARGE	WORK	HRS	SH	N	EV	CODE	ITEM	TYP	CD	D	HZ	04/23	04/24	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	05/06	Total
B06808																						5.50	8.00	8.00		21.50
B08441																				1.00	8.00	1.00				10.00
L42453												8.00	8.00	8.00						7.00						31.00
LEAVE																8.00						1.50				9.50
LEAVE																	8.00									8.00

*The above hours were ELECTRONICALLY SIGNED ON: 08-MAY-2000

BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:												8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
TOTAL HOURS	REG=	62.50	HOL=		OVT=		ALV=	9.50	OLV=		NON=		8.00													
SP-RATE-HRS=																										

FOR THESE WORK ITEMS:

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 04/23/2000 LABOR-COST TO : 05/06/2000
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED	
	SP-RATE		SP-RATE						

SANDERS V							80.00	Y	

*** E N D O F R E P O R T - 27-DEC-2000 - 14:05 - SID G6CEPMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 05/06/2000

PAY PERIOD ENDING: 05/06/2000

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	04/23	04/24	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	05/06	Total

06950																1.50				1.50
06950								4.00	4.00					6.00	1.00		5.00	2.00		22.00
35672								4.00	4.00	4.00				2.00	7.00		3.00	2.00		26.00
63776							5.50									3.00		1.00		9.50
64430																5.00		3.00		8.00
EAVE										4.00	8.00									12.00
EAVE							2.50													2.50

The above hours were ELECTRONICALLY SIGNED ON: 08-MAY-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:	8.00	8.00	8.00	8.00	8.00		8.00	8.00	9.50	8.00	8.00		81.50
------------------	------	------	------	------	------	--	------	------	------	------	------	--	-------

TOTAL HOURS	REG=	65.50	HOL=		OVT=	1.50	ALV=	12.00	OLV=		NON=	2.50
-------------	------	-------	------	--	------	------	------	-------	------	--	------	------

P-RATE-HRS=

OR THESE WORK ITEMS:

02DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/23/2000

LABOR-COST TO : 05/06/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED	
	SP-RATE		SP-RATE						

GOUGER T							81.50	Y	

 *** END OF REPORT - 27-DEC-2000 - 14:04 - SID G6CEFMP1 ***

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 14:04:52

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 05/06/2000

PAY PERIOD ENDING: 05/06/2000

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	04/23	04/24	04/25	04/26	04/27	04/28	04/29	04/30	05/01	05/02	05/03	05/04	05/05	05/06	Total
B06950																1.50				1.50
B06950								4.00	4.00					6.00	1.00		5.00	2.00		22.00
L35672								4.00	4.00	4.00				2.00	7.00		3.00	2.00		26.00
L63776							5.50									3.00		1.00		9.50
L64430																5.00		3.00		8.00
LEAVE										4.00	8.00									12.00
LEAVE							2.50													2.50

*The above hours were ELECTRONICALLY SIGNED ON: 08-MAY-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	9.50	8.00	8.00		81.50
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

TOTAL HOURS REG= 65.50 HOL= OVT= 1.50 ALV= 12.00 OLV= NON= 2.50
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/23/2000

LABOR-COST TO : 05/06/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L  TOTAL  CERTIFIED
SP-RATE      SP-RATE
*****
GOUGER T      [REDACTED] 81.50 Y
*****
```

```
*****
*** END OF REPORT - 27-DEC-2000 - 14:04 - SID G6CEPMP1 ***
*****
```

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 05/20/2000

PAY PERIOD ENDING: 05/20/2000

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	05/07	05/08	05/09	05/10	05/11	05/12	05/13	05/14	05/15	05/16	05/17	05/18	05/19	05/20	Total
B06950							4.00	5.00	5.00	2.00	2.00			4.00	2.00	4.00	4.00	2.00		34.00
DISPUT							1.00											1.00		2.00
L35672									1.00	1.00	1.00									3.00
L63776									1.00	1.00	1.00					1.00		2.00		6.00
L64430							1.00		1.00	4.00	4.00			4.00	2.00	1.00	3.00	1.00		21.00
L65501															4.00	2.00	1.00	2.00		9.00
LEAVE							2.00	3.00												5.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-MAY-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

TOTAL HOURS REG= 75.00 HOL= OVT= ALV= OLV= NON= 5.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 14:06:17

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 05/07/2000

LABOR-COST TO : 05/20/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L  TOTAL  CERTIFIED
                SP-RATE                SP-RATE
*****
GOUGER T      [REDACTED]                                [REDACTED]  80.00  Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -   27-DEC-2000   -   14:06   -   SID G6CEFPMP1   ***
*****
```

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CONTRACT ADMINISTRATION BRANCH

TIMEKEEPER: 13 SUPERVISOR: CD06

NAME: SANDERS V

FLSA: E CUTOFF DATE IS: 06/03/2000

PAY PERIOD ENDING: 06/03/2000

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	05/21	05/22	05/23	05/24	05/25	05/26	05/27	05/28	05/29	05/30	05/31	06/01	06/02	06/03	Total
B06808										1.00				8.00	8.00	8.00	3.00			28.00
B08441								1.00	4.00	5.00								5.00		15.00
L21276						8.00	7.00													15.00
LEAVE									4.00	2.00										6.00
LEAVE														8.00						8.00
LEAVE						8.00														8.00

*The above hours were ELECTRONICALLY SIGNED ON: 31-MAY-2000

BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

B06808																		-1.00		-1.00
B08441																				
LEAVE																		1.00		1.00

*The above hours were ELECTRONICALLY SIGNED ON: 16-JUN-2000

BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	--	------	------	------	------	------	--	-------

TOTAL HOURS	REG=	57.00	HOL=		OVT=		ALV=	7.00	OLV=		NON=	16.00
SP-RATE-HRS=												

FOR THESE WORK ITEMS:

002DTS SITE 2, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 05/21/2000

LABOR-COST TO : 06/03/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
              SP-RATE      SP-RATE
*****
SANDERS V      [REDACTED]                                     80.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -  27-DEC-2000 - 14:06 -  SID G6CEFPMP1  ***
*****
```

(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

ACCOUNTS OF

COLLECTION VOU. NO.

PARTIAL # 19 01-APR-2000 THRU 01-MAY-2000

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLING ACCOUNTING CLASSIFICATION

NA

\$62,744.31

MOA

DESCRIPTION

```

000001 CONTRACT - OUTSIDE GOVERNMENT
000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

```

TRANSP OF GOVT EMPLOYEES OR OTHERS, PERDIEM ALLOW IN TVL STATUS & OTH INCIDENTAL TRVL EXP
PVT SCTR CONTRACTUAL CONSTRUCTION SERVICES (PLACEMENT)
DEPARTMENTAL OVERHEAD COSTS
GENERAL AND ADMINISTRATIVE OVERHEAD COSTS
LABOR

SUBTOTAL

PARTIAL AMOUNT PAID

\$62,744.31

PAYMENT DUE DATE 31-MAY-2000

PAY THIS AMOUNT

\$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

FUNDS AUTHORIZED:
TOTAL BILLED AMOUNT:
PREVIOUS BILLED AMOUNT:
CURRENT BILLED AMOUNT:
TOTAL FLUX BILLED:
PREVIOUS FLUX BILLED:
CURRENT FLUX BILLED:

\$.00	DATE
\$.00	
\$.00	

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 21-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 04-2000

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
25-APR-2000	W59XQG01099742	003880G6	NA		1	TRANSPER		
25-APR-2000	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		
SUBTOTAL COST:								\$55,553.66

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
10-APR-2000	L42453	30-MAR-2000							
10-APR-2000	L42453	03-APR-2000							
10-APR-2000	L35672	31-MAR-2000							
14-APR-2000	L21275	11-APR-2000							
24-APR-2000	L21275	19-APR-2000							
24-APR-2000	L42453	21-APR-2000							
24-APR-2000	L35672	21-APR-2000							
24-APR-2000	L35672	19-APR-2000							
SUBTOTAL CO									
TOTAL COST:								\$62,744.31	

*** END OF REPORT - 21-DEC-2001 - 10:54 - SID G6CEFMP1 ***

Action Edit Block Field Record Query ESIG Help

Trvl Order/Obli:	00388005	Fund Type:	F	SAACONS Site:	
Trvl Ord Amend:	0	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	25-APR-2000
Vouch Amend No:	0	EAID:		Eff Date:	25-APR-2000
Setlmnt Amend No:	0	Work Cat:	01A10	Resource Plan:	1
Line Item No:	1	Work Cat Elem:	99998	Cost Type:	WIP
Trvlr/Vendor ID:	GOUGT3557	Fund Work Item:	002DCL	Acct Phse:	RSA
Far Order No:	DW96947840-0560	Resource Code:	TRANSPER	TBO Disb:	N
Mgt Structure:	015558	MOA:	C2	Trans Type:	APR
Appropriation:				Period:	200004
Transaction ID:	2608905	Source:	TRVLCERT	GL Not Posted?	<input type="checkbox"/>

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			330.78
4232.00	C			330.78

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Record: 2/?

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0							
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA <input type="checkbox"/> OTHER				a. DO VOUCHER NO. 0000168328			
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.			
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 26Apr2000 USACE FINANCE CENTER	
8. TELEPHONE NUMBER 402-293-2514		9. TRAVEL ORDER NUMBER 003880G6 17Apr2000		10. PREVIOUS PAYMENTS/ADVANCES \$.00							
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O											
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)							
<input type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> UNACCOMPANIED							
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO							
15. ITINERARY											
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS		POC MILES			
2000						Gov't	Ded				
04/19	DEP 0700	OMAHA / DOUGLAS NE NEBRASKA	TP								
04/19	ARR 0930	SAUGET MO MISSOURI		TD	55.00						
04/21	DEP 1126	SAUGET MO MISSOURI	TP								
04/21	ARR 1330	OMAHA / DOUGLAS NE NEBRASKA		MC							
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
16. REIMBURSABLE EXPENSES						17. LEAVE		e. SUMMARY OF PAYMENT			
DATE	b. NATURE OF EXPENSE			c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS	(1) Per Diem			
21Apr2000	CREDIT CARD ATM FEE			\$				(2) Actual Expense			
21Apr2000	GAS			\$				(3) Mileage			
21Apr2000	MILEAGE TO/FROM AIRPORT			\$				(4) Dependent Travel			
21Apr2000	PARKING FEES - AIRPORT			\$				(5) DLA			
21Apr2000	RENTAL CAR			\$				(6) Reimbursable Expense			
21Apr2000	LODGING TAXES			\$				(7) Total			
						c. TAKEN BETWEEN		(8) Less Advance			
						d. AND		(9) Amount Owed			
								(10) Amount Due \$330.78			
18. POC TRAVEL:		OWNER/OPERATOR			PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)				
20. Long distance telephone calls are certified as necessary in the interest of the government.						a. GTR/MTA NO.		b. FROM		c. TO	
APPROVING OFFICER (31 USC 1348(b))						7783426769		OMAHA / DOUGLAS NE		ST LOUIS MO MISSOUR	
21.a. CLAIMANT SIGNATURE				b. DATE		22.a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS				b. DATE 24Apr2000	
23. ACCOUNTING CLASS 100 % FUNDED											
24. COLLECTION DATA											
25. COMPUTED BY SHELIA DACQUISTO		26. AUDITED BY JUDITH MORGAN		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 793511 26Apr2000		29. AMOUNT PAID \$330.78			

[illegible]

by GSA/IRMS 12-91.

Miscellaneous Expenses

(Ziplock Bags, Sharp pen, ice)

45. 82

#1 sin

11. 11.11.20

DD 3429 3000
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE
EIKT

CTASTL,096252,COEOMA

PASSENGER RECEIPT

555181 0022478 A44

XXXXXXXXXX
BOARDING PASS

ISSUED BY TRANS WORLD AIRLINES X&XXX TOUR CODE AGENT CODE A28926122 NAME OF PASSENGER GOUGER/TIMOTHY
NAME OF ISSUING AGENT ALMEDA TVL OMAHA OMAHA PLACE OF ISSUE NE 0518 APR 00 FROM OMA
NAME OF PASSENGER GOUGER/TIMOTHY PNR/CARRIER CODE VFSDKF/AA YCA FARE BASIS/TICKET DESIGNATOR 6 0011/ FROM OSTL TW518 Y 19APRYCA
X/O FROM **NOT VALID FOR** CARRIER FLIGHT CLASS DATE TIME STATUS NOT VALID BEFORE NOT VALID AFTER OMA TW467 Y 21APRYCA
X/O TO **TRANSPORTATION** ISSUING AGENT ID 1014*43 TO
ENDORSEMENTS/RESTRICTIONS

098193 /FCOMA TW STL5
5.81 TW OMA55.81YCA 111.62 END ZPOMASTL XFSTL3

XF 3.00
FARE USD 111.62 EQUIV. FARE PD.
TAX US 8.38 STOCK CONTROL NO. TX 889 CK
TAX ZP 5.00 61493635486
TOTAL USD 128.00

0 015 7783426769 3

ALLOW PCS JVT UNCD

DOCUMENT NUMBER CK

NOT VALID FOR TRAVEL
0 015 7783426769 3
AA28926122

IT IS THE POLICY OF THE ISSUING AGENT TO REFUSE TO ISSUE A TICKET FOR ANY
FARE BASIS OR CLASS OF SERVICE WHICH IS NOT AUTHORIZED BY THE
ISSUING AGENT.

SALES PERSON: 44
CUSTOMER NBR: 555101

ITINERARY/INVOICE NO. 0022478
VFSDKF

DATE: 18 APR 01
PAGE: 01

TO: ETKT 18APR ..

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIMOTHY

REF: CTA STL, 096252, COEOMA

**TELL US HOW CARLSON WAGONLIT TRAVEL RATES WITH YOU
**PLEASE VISIT OUR WEBSITE AT WWW.CWGGOVERNMENT.COM
**AND COMPLETE OUR SERVICE EXCELLENCE SURVEY.
**THANK YOU.

19 APR 00 - WEDNESDAY

AIR	TRANS WORLD AIRLINES FLT:518	ECONOMY	
	LV OMAHA	815A	EQP: HD-80
			01HR 15MIN
	AR ST LOUIS INTL	930A	NON-STOP
	ARRIVE: MAIN TERMINAL		REF: 7ZLHZ0
	GOUGER/TIMOTHY SEAT-26F		
CAR	ST LOUIS INTL	THRIFTY CAR RENTAL	CORP ID-0010020155
	PICK UP-0930	1-COMPACT CAR AUTO AC	
	RETURN-21APR/1420		
	RATE IS GUARANTEED		
	DAILY RATE-USD37.00	UNLIMITED MILEAGE	
	CONFIRMATION NUMBER	MZ4951	
	CALL-314-423-3737		

21 APR 00 - FRIDAY

AIR	TRANS WORLD AIRLINES FLT:467	ECONOMY	
	LV ST LOUIS INTL	223P	EQP: HD-80
	DEPART: MAIN TERMINAL		01HR 19MIN
	AR OMAHA	339P	NON-STOP
			REF: 7ZLHZ0
	GOUGER/TIMOTHY SEAT-160		

18 OCT 00 - WEDNESDAY

OTHER INFORMATION

THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET TW7783426767
ELEC TKT

GOUGER, TIMOTHY	
BILLED TO	128.00
SUB TOTAL	128.00
NET CC BILLING	128.00
TOTAL AMOUNT DUE	0.00

CONTINUED ON PAGE 2



Name & Address

TIMOTHY BOUSEP
HOME

Room 120-11
Arrive Date 06/15/00
Dept. Date 06/21/00
Folio # 0
Room Rate 55.00
Account 2-CRANK
Mkt/Seg 4-000

PAGE 1

I authorize you to bill the full balance of my account to my credit card which was presented upon registration

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
06/15	11A	0418000	BAD	DISCOUNT ROOM	55.00	.00	55.00
06/15	811	0418000	BAD	SALES TAX	5.74	.00	60.74
06/20	11A	0420000	BAD	DISCOUNT ROOM	55.00	.00	115.74
06/20	811	0420000	BAD	SALES TAX	5.74	.00	121.48
06/21	718	0421000	ENV	VISA	.00	-121.48	.00
				TOTAL			.00

ACCT. NO. [REDACTED]
CARD MEMBER NAME BOUSEP TIMOTHY
ESTABLISHMENT NO. & LOCATION HOLIDAY INN EXPRESS 1000 ROUTE 100 DANBURY, CT 06810
CARD MEMBER'S SIGNATURE X [Signature]

DATE OF CHARGE 06/21/00	FOLIO NO./CHECK NO. 40- 0123-0
AUTHORIZATION 005534	150.00 .00 .00
PURCHASES & SERVICES 150.00	
TOTAL AMOUNT	150.00

MERCHANDISE AND/OR SERVICE PURCHASED ON THIS CARD CANNOT BE RESOLD OR RETURNED FOR A CASH REFUND

ALL CHARGES SUBJECT TO FINAL AUDIT
LICENSEE:

C & J RENTALS, INC.
4140 CYPRESS ROAD
ST. ANN, MO 63074
(314) 425-3737

Montgomery Ward
Car Rental



Open/Exp. 0017 Class/Exp. 0003

700103 STL

CUSTOMER INFORMATION	DRIVER: TIMOTHY CUST NO: 353770 LICENSE: 08/27/02 (D) - 1 0 (D) - 1		Car To Be Returned To Above Unless Stated PDW: 260103 STL RA IN: 260103 STL		Rental Expires On: 09/21/00 Rental Agreement Number: 151105700000	
	ADD'L RENTER: CORP DISC NO: 0010020158 RESERVATION NO: 289094		Vehicle Information LIC. #: 491LE5 STALL #: DRNG METAL Fuel out: 0/0 Mileage: 0 / 311 Fuel in: 0/0 Mileage: 0 / 7410 EXCH: LIC. #: STALL:		TIME OUT: 09/19/00 9:30 TIME IN: 09/21/00 10:36 Per Mile: 12.33 Per Hour: 27.00 Per Day: 74.00 Per Week: 513.00 Per Month: 213.00 Wind Day: 74.00	
			Fuel out: 0 Mileage: 0 Fuel in: 0 Mileage: 0 MILES DRIVEN: 96		** 121 T & M 74.00 Fuel: 3.10 P/G Drop Fee:	
	I understand that if I decline PDW, I am responsible for all loss regardless of fault. Only authorized renters may drive the car. Rates are subject to change if the car is not returned as stated above. Minimum one day rental applies!		CREDIT CARD EXP. DATE: 6/01 AUTH # 055590 AMT: 124.00 SOURCE: 100 11		Conc. Recov Fee: 11.14 8.14 State Surchg: .94 per day 2.02 Sales Tax: 2.5000 5.37	

By signature below, I acknowledge that I have read and agree to the terms and conditions, both printed and written, including Physical Damage Waiver, that appear on this rental statement and on the separate rental jacket. All the information provided by Me is true. I know that if I decline the option PDW, I am responsible for all loss regardless of fault. I AUTHORIZE THRIFTY TO PROCESS OR SUBMIT A CHARGE TO MY CREDIT, DEBIT OR CHARGE CARD FOR THE ESTIMATED CHARGES FOR THIS RENTAL UPON MY SIGNING THIS RENTAL STATEMENT AND FOR ALL ADDITIONAL CHARGES UPON RETURN OF THE VEHICLE.

X _____ RENTER SIGNATURE
 X _____ ADDITIONAL AUTHORIZED RENTER

* LESS PAID DEPOSIT * **134.00**
 TOTAL CHARGES **81.14**
 AMOUNT TO BE PAID **134.00**
 RENT **134.00**

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 17-APR-2000	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY SPLIT SAMPLING-RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 3		b. PROCEED O/A (DATE) 19-APR-2000					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 19-APR-2000 AT 600 HRS TO : ST LOUIS MO MISSOURI DEPART ON 21-APR-2000 AT 2300 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM	TRAVEL		OTHER		TOTAL		
					\$693.00	\$.00	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT. TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 18-APR-2000				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 18-APR-2000			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="text-align: right;">100%</div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK PORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						21. DATE ISSUED 18-APR-2000	
						22. TRAVEL ORDER NUMBER 003880G6	

003880G6

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 798511

Check No Trace: 1800068084

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?:

Type: TRV SETLMT

FOA Code: G6

Check Date: 26-APR-2000

Reference No: 003880C6

Amount: 330.78

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P GOUGER

Certified By: WITT, DENNY R

Date Signed: 26-APR-2000

Initial Signature: DFD1E30B0B6B056839C

Disbursing Officer's Signature: 39071553

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Press F2 to enter a query.

Record: 1/1

Action Edit Block Field Record Query ESIG Help

Obli No:	DAFA45-98-D-0004	Fund Type:	F	Fast Pay:	N	Reversal:	
Deliv Order No:	0006	Approp Status:	C	Rcvr:	S. SCHMIDT		
Line Item No:	0001	Approp Type:	C	Debtor Bill No:			
Rec Rpt No:	12	EAID:		MOA:	C2	Acct Phase:	B5A
Invoice No:	12	Accrual:		EOR:	3200	Trans Date:	25-APR-2000
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	25-APR-2000		
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:			
Resource Plan:	1	Work Cat:	331R0	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?		
Appropriation:				Period:	200004		
Transaction Id:	2609283	GL Corr Id:	AP414	GL Not Posted?:			
Prop Cat Code:		Source:	FORM93	TBO Rpt:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D		55222.88	
4252.00	D		55222.88	
4821.00	D		55222.88	
6500.32	D		55222.88	
2113.00	C			55222.88

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Record: 3/?

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004

Delivery Order No: 0006

Inv No: 12

Description: SAUGET SITE ONE SF, ST. LOUIS, IL

Period: 200012

Inv Reference No: 87NDW99-25FEB00 #11

Discount Days:

Percent:

Inv Date: 25-APR-2000

TFO Indicator: ☐

Inv Recv'd Date: 25-APR-2000

Pmt Address ID: 000015101

F&A Received Date: 25-APR-2000

Final Payment: ☐

Pmt Office ID: 1

Release of Claims: ☐

Notice To Proceed: Y

Line Item: 0001

Refund? ☐

*** This INV ***

*** All INV's ***

SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE

Qty:

0

Qty Ordered: 0

Unit Price:

Amt Ordered: 302158.28

Gross Amt:

Pay Estimate No: 12

Retainage Pct: .00

Total Estimates: 16

Retainage Amt: .00

.00

Program Mgr Signor

Other Deductions: .00

.00

A05B0928214CC899390

Retainage Refund:

.00

C.O.R. Signor

Other Deduct Refund:

.00

C64A1255F5842CA3390

Liq. Damages:

.00

Line Item Amt: 55222.88

266932.86

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Record: 12/?

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order: 0006 Obligation Lt: 0001 Freight: ☐
 Amend No: R00002 Amend Date: 31-MAR-2000 Fast Pay: N
 Work Item: 002X25 Fund Account: G625294 Progress Pay: Y
 Fund Citation: 96NAX3122 AMSCO: 015558 Resource: CONSTSVCS
 Description: SAUGET SITE ONE SF, ST. LOUIS, I MOA: C2 Allot: 2417 EOR: 3200

<PGDII> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmnt Meth
6	03JUL99-30JUL99 #6	25-AUG-1999		145954	331474	EFT
7	31JUL99-27AUG99 #7	08-OCT-1999		149977	425431	EFT
8	28AUG99-01OCT99 #8	19-NOV-1999		154960	505583	EFT
9	02OCT99-29OCT99 #9	19-NOV-1999		154961	505600	EFT
10	30OCT99-26NOV99 #10	24-JAN-2000		160001	512499	EFT
11	27NOV99-25FEB00 #11	03-MAY-2000		168506	801087	EFT
12	26FEB00-31MAR00 #12	25-SEP-2000		183229	1139333	EFT
13	01APR00-28JUL00 #13	25-SEP-2000		183230	1139338	EFT
14	29JUL00-29SEP00 #14	14-NOV-2000		187355	1264951	EFT
15	30SEP00-27OCT00 #15	11-DEC-2000		189136	1321429	EFT

Action Edit Block Field Record Query ESIG Help

Assigned Check No:	801087	Check No Trace:	1800068430
Replacement No:		Pmt Method:	EFT
Type:	CONTRACT	DSSN:	8736
Check Date:	03-MAY-2000	FOA Code:	G6
Amount:	55222.88	Reference No:	DACA45-98-D-0004
Status:	PRINTED	Currency:	US
Payee:	ROY F WESTON INC	FC Amount:	.000000
	PO BOX 8500 (S 6175)		
	PHILADELPHIA, PA 19178-6175		
Certified By:	WITT, DENNY R	Date Signed:	03-MAY-2000
Initial Signature:	261DEC2BAB26B13A39C		
Disbursing Officer's Signature:	391066A8		

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Press F2 to enter a query.

Record: 1/1

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 13:56:01

ORGANIZATION TITLE: CONTRACT ADMINISTRATION BRANCH

TIMEKEEPER: 13 SUPERVISOR: CD06

NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 04/08/2000

PAY PERIOD ENDING: 04/08/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	04/07	04/08	Total
B06808																	1.00	5.00		6.00
B06890																3.00	7.00			10.00
B06891										7.00					8.00	5.00				20.00
L42453						8.00	8.00	8.00	8.00					8.00						40.00
LEAVE										1.00								3.00		4.00

*The above hours were ELECTRONICALLY SIGNED ON: 10-APR-2000

BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00

TOTAL HOURS REG= 76.00 HOL= OVT= ALV= 4.00 OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD06

FOR TIMEKEEPER: 13

LABOR-COST FROM : 03/26/2000

LABOR-COST TO : 04/08/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE      SP-RATE
*****
SANDERS V      [REDACTED]                                     80.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -   27-DEC-2000   -   13:56   -   SID G6CEFMP1   ***
*****
```

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 27-DEC-2000
TIME: 13:56:24

ORGANIZATION TITLE: CONTRACT ADMINISTRATION BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME:SANDERS.V

FLSA: E CUTOFF DATE IS: 04/08/2000

PAY PERIOD ENDING: 04/08/2000

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	04/07	04/08	Total
B06808																	1.00	5.00		6.00
B06890																3.00	7.00			10.00
B06891											7.00				8.00	5.00				20.00
L42453						8.00	8.00	8.00	8.00					8.00						40.00
LEAVE											1.00							3.00		4.00

*The above hours were ELECTRONICALLY SIGNED ON: 10-APR-2000

BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00

TOTAL HOURS REG= 76.00 HOL= OVT= ALV= 4.00 OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD06

FOR TIMEKEEPER: 13

LABOR-COST FROM : 03/26/2000

LABOR-COST TO : 04/08/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
SANDERS V      [REDACTED]      [REDACTED]      80.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   - 27-DEC-2000 - 13:56 - SID G6CEFMP1 ***
*****
```

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 04/08/2000

PAY PERIOD ENDING: 04/08/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	03/26	03/27	03/28	03/29	03/30	03/31	04/01	04/02	04/03	04/04	04/05	04/06	04/07	04/08	Total
B06950							1.00			4.00	2.00									7.00
DISPUT													1.00	1.00	1.00	1.00	1.00			5.00
DISPUT																	4.00	4.00		8.00
L35672							4.00				2.00									6.00
L53768													1.00	1.00	1.00	1.00	1.00			5.00
L53768													4.00	4.00	4.00	4.00	4.00	4.00		20.00
L63776							3.00	8.00	8.00	4.00	4.00			4.00	4.00	4.00				39.00

*The above hours were ELECTRONICALLY SIGNED ON: 10-APR-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:			8.00	8.00	8.00	8.00	8.00						10.00	10.00	10.00	10.00	10.00			90.00
------------------	--	--	------	------	------	------	------	--	--	--	--	--	-------	-------	-------	-------	-------	--	--	-------

TOTAL HOURS	REG=	80.00	HOL=		OVT=	10.00	ALV=		OLV=		NON=	
SP-RATE-HRS=												

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 03/26/2000

LABOR-COST TO : 04/08/2000

EMPLOYEE COUNT = 1

```

*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE      SP-RATE
*****
GOUGER T.     [REDACTED]                                     90.00      Y
  
```

```

*****
***  E N D   O F   R E P O R T   -  27-DEC-2000  - 13:55  -  SID G6CEFPMP1  ***
*****
  
```

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 13:56:51

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 04/22/2000

PAY PERIOD ENDING: 04/22/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	04/09	04/10	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	04/21	04/22	Total
B06749											1.50									1.50
L21275							4.00	4.00												8.00
L27073											4.00									4.00
L63603							4.00			8.00										12.00
L63943								4.00	5.50											9.50
LEAVE											2.50									2.50
LEAVE									2.50											2.50

*The above hours were ELECTRONICALLY SIGNED ON: 14-APR-2000

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275															5.00					5.00
L27073												8.00						4.00		12.00
L63603																		4.00		4.00
L63943													8.00			8.00				16.00
LEAVE															3.00					3.00

*The above hours were ELECTRONICALLY SIGNED ON: 24-APR-2000

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

TOTAL HOURS REG= 72.00 HOL= OVT= ALV= 5.50 OLV= NON= 2.50

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/09/2000

LABOR-COST TO : 04/22/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
BERAN E      [REDACTED]      80.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -   27-DEC-2000   - 13:56   -   SID G6CEFP1   ***
*****
```

FLSA: E CUTOFF DATE IS: 04/22/2000 PAY PERIOD ENDING: 04/22/2000

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

certabr.2.1.20 628
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 13:58:11

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/09/2000

LABOR-COST TO : 04/22/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L  TOTAL  CERTIFIED
SP-RATE      SP-RATE
*****
BERAN E      [REDACTED] 80.00 Y
*****
```

```
*****
*** END OF REPORT - 27-DEC-2000 - 13:58 - SID G6CEPMP1 ***
*****
```

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 27-DEC-2000
TIME: 13:58:40

ORGANIZATION TITLE: CONTRACT ADMINISTRATION BRANCH
TIMEKEEPER: 13 SUPERVISOR: CD06
NAME: SANDERS V

FLSA: E CUTOFF DATE IS: 04/22/2000

PAY PERIOD ENDING: 04/22/2000

CHARGE	WORK	HRS	SH	N	EV																
CODE	ITEM	TYP	CD	D	HZ	04/09	04/10	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	04/21	04/22	Total	
B06807									8.00											8.00	
L42453										8.00			8.00	8.00	3.25	8.00	4.00			39.25	
LEAVE															4.75		4.00			8.75	
LEAVE							8.00	8.00	8.00											24.00	

*The above hours were ELECTRONICALLY SIGNED ON: 24-APR-2000

BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00			80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

TOTAL HOURS	REG=	47.25	HOL=		OVT=		ALV=	8.75	OLV=		NON=	24.00
SP-RATE-HRS=												

FOR THESE WORK ITEMS:

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 04/09/2000

LABOR-COST TO : 04/22/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
                SP-RATE      SP-RATE
*****
SANDERS V      [REDACTED]      [REDACTED]      80.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   - 27-DEC-2000 - 13:58 - SID G6CEFPMP1 ***
*****
```

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 04/22/2000

PAY PERIOD ENDING: 04/22/2000

```
*****
CHARGE WORK HRS SH N EV
CODE ITEM TYP CD D HZ 04/09 04/10 04/11 04/12 04/13 04/14 04/15 04/16 04/17 04/18 04/19 04/20 04/21 04/22 Total
*****
B06950 [REDACTED] 1.00 3.00 4.00 8.00
DISPUT [REDACTED] 1.00 1.00
L35672 [REDACTED] 2.00 2.00
L35672 [REDACTED] 2.00 2.00 8.00 4.00 24.00
L53768 [REDACTED] 3.00 3.00 3.00 3.00 5.00 4.00 21.00
L63776 [REDACTED] 5.00 5.00 5.00 5.00 20.00
LEAVE [REDACTED] 6.00 6.00
*The above hours were ELECTRONICALLY SIGNED ON: 24-APR-2000
```

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

```
*****
Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 10.00 8.00 8.00 82.00
TOTAL HOURS REG= 74.00 HOL= OVT= 2.00 ALV= OLV= NON= 6.00
SP-RATE-HRS=
```

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 13:57:20

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/09/2000

LABOR-COST TO : 04/22/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
GOUGER T      [REDACTED]                                     82.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -   27-DEC-2000   - 13:57   -   SID G6CEPMP1   ***
*****
```

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 04/22/2000

PAY PERIOD ENDING: 04/22/2000

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	04/09	04/10	04/11	04/12	04/13	04/14	04/15	04/16	04/17	04/18	04/19	04/20	04/21	04/22	Total
B06950									1.00				3.00					4.00		8.00
DISPUT													1.00							1.00
L35672																2.00				2.00
L35672									2.00						2.00	8.00	8.00	4.00		24.00
L53768						3.00	3.00	3.00	3.00	5.00				4.00						21.00
L63776						5.00	5.00	5.00	5.00											20.00
LEAVE															6.00					6.00

*The above hours were ELECTRONICALLY SIGNED ON: 24-APR-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	10.00	8.00	8.00			82.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	-------	------	------	--	--	-------

TOTAL HOURS	REG=	74.00	HOL=		OVT=	2.00	ALV=		OLV=		NON=	6.00
-------------	------	-------	------	--	------	------	------	--	------	--	------	------

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL,AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/09/2000

LABOR-COST TO : 04/22/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
                SP-RATE      SP-RATE
*****
GOUGER T      [REDACTED]                                     82.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -   27-DEC-2000   -   13:57   -   SID G6CEFMP1   ***
*****
```

CIC #: 99EPA SUPERFUND
BILLED DATE 01-APR-2000
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
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D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.

28021676
PARTIAL # 18 01-MAR-2000 THRU 01-APR-2000

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

LINE ITEM	MOA	DESCRIPTION
000001	INHOUSE - LABOR	DEPARTMENTAL OVERHEAD COSTS
000001	INHOUSE - LABOR	GENERAL AND ADMINISTRATIVE OVERHEAD COSTS
000001	INHOUSE - LABOR	LABOR

SUBTOTAL

PARTIAL AMOUNT PAID

\$1,412.83

PAYMENT DUE DATE 01-MAY-2000

PAY THIS AMOUNT

\$.00

FUNDS AUTHORIZED:
TOTAL BILLED AMOUNT:
PREVIOUS BILLED AMOUNT:
CURRENT BILLED AMOUNT:
TOTAL FLUX BILLED:
PREVIOUS FLUX BILLED:
CURRENT FLUX BILLED:

\$.00
\$.00
\$.00

DATE

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 31-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 03-2000

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
13-MAR-2000	L35672	29-FEB-2000							
13-MAR-2000	L35672	10-MAR-2000							
27-MAR-2000	L35672	22-MAR-2000							
27-MAR-2000	L21275	23-MAR-2000							
SUBTOTAL CO									
TOTAL COST:									\$1,412.83

*** END OF REPORT - 31-DEC-2001 - 11:46 - SID G6CEFMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME: [REDACTED]

FLSA: E CUTOFF DATE IS: 03/11/2000

PAY PERIOD ENDING: 03/11/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	02/27	02/28	02/29	03/01	03/02	03/03	03/04	03/05	03/06	03/07	03/08	03/09	03/10	03/11	Total
B06950	[REDACTED]													4.00	8.00	8.00	8.00	3.00		31.00
L35672	[REDACTED]							1.50						3.00				2.00		6.50
L53768	[REDACTED]					8.00	5.00	8.00												21.00
L63776	[REDACTED]						1.50		8.00	8.00			1.00					3.00		21.50

*The above hours were ELECTRONICALLY SIGNED ON: 13-MAR-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00

TOTAL HOURS REG= 80.00 HOL= OVT= ALV= OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[REDACTED]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[REDACTED]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 02/27/2000

LABOR-COST TO : 03/11/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
              SP-RATE      SP-RATE
*****
[REDACTED]    [REDACTED]                                     80.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -  27-DEC-2000  - 13:48  -  SID G6CEFPMP1  ***
*****
```

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 03/11/2000

PAY PERIOD ENDING: 03/11/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	02/27	02/28	02/29	03/01	03/02	03/03	03/04	03/05	03/06	03/07	03/08	03/09	03/10	03/11	Total
B06950														4.00	8.00	8.00	8.00	3.00		31.00
L35672								1.50						3.00				2.00		6.50
L53768						8.00	5.00	8.00												21.00
L63776							1.50		8.00	8.00			1.00					3.00		21.50

*The above hours were ELECTRONICALLY SIGNED ON: 13-MAR-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00

TOTAL HOURS REG= 80.00 HOL= OVT= ALV= OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

certlabr.2.1.20 619
G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 13:48:46

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 02/27/2000

LABOR-COST TO : 03/11/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
                SP-RATE          SP-RATE
*****
GOUGER T      [REDACTED]                                     80.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -  27-DEC-2000 - 13:48 -  SID G6CEFMP1  ***
*****
```

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 13:49:10

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 03/25/2000

PAY PERIOD ENDING: 03/25/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	03/12	03/13	03/14	03/15	03/16	03/17	03/18	03/19	03/20	03/21	03/22	03/23	03/24	03/25	Total
B06950							2.00	8.00	0.25					5.00		1.00	3.50			19.75
L35672							3.00		2.00	2.00					2.00	1.00				10.00
L53768											1.00				3.00	4.00				8.00
L63747									3.75	4.00										7.75
L63776							3.00		2.00	2.00	3.00			3.00	3.00	2.00				18.00
LEAVE											4.00									4.00
LEAVE																	4.50	8.00		12.50

*The above hours were ELECTRONICALLY SIGNED ON: 27-MAR-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00

TOTAL HOURS REG= 63.50 HOL= OVT= ALV= 4.00 OLV= NON= 12.50

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 03/12/2000

LABOR-COST TO : 03/25/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
                SP-RATE      SP-RATE
*****
GOUGER T      [REDACTED]                                     80.00      Y
*****
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*****
***  E N D   O F   R E P O R T   - 27-DEC-2000 - 13:49 - SID G6CEFPMP1 ***
*****
```

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 27-DEC-2000
TIME: 13:49:31

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 03/25/2000

PAY PERIOD ENDING: 03/25/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	03/12	03/13	03/14	03/15	03/16	03/17	03/18	03/19	03/20	03/21	03/22	03/23	03/24	03/25	Total
L59395							5.50	8.00	8.00											21.50
L64445										8.00										8.00
L64550											8.00									8.00
LEAVE							2.50													2.50

*The above hours were ELECTRONICALLY SIGNED ON: 20-MAR-2000

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275																4.00				4.00
L59395													8.00	4.00			4.00			16.00
L63773																8.00				8.00
L64445																		8.00		8.00
L64550														4.00						4.00

*The above hours were ELECTRONICALLY SIGNED ON: 27-MAR-2000

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00

TOTAL HOURS REG= 77.50 HOL= OVT= ALV= 2.50 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 13:49:31

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 03/12/2000

LABOR-COST TO : 03/25/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
BERAN E      [REDACTED] [REDACTED]      80.00      Y
*****
```

```
*****
*** END OF REPORT - 27-DEC-2000 - 13:49 - SID G6CEFMP1 ***
*****
```

CIC #: 99EPA SUPERFUND
BILLED DATE 01-MAR-2000
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
* *
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D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.
28020850
PARTIAL # 17 01-FEB-2000 THRU 01-MAR-2000

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

LINE ITEM	MOA	DESCRIPTION
000001	CONTRACT - OUTSIDE GOVERNMENT	TRANSP OF GOVT EMPLOYEES OR OTHERS, PERDIEM ALLOW IN TVL STATUS & OTH INCIDENTAL TRVL EXP
000001	INHOUSE - LABOR	DEPARTMENTAL OVERHEAD COSTS
000001	INHOUSE - LABOR	GENERAL AND ADMINISTRATIVE OVERHEAD COSTS
000001	INHOUSE - LABOR	LABOR

SUBTOTAL

PARTIAL AMOUNT PAID

\$4,045.97

PAYMENT DUE DATE 31-MAR-2000

PAY THIS AMOUNT

\$.00

FUNDS AUTHORIZED:
TOTAL BILLED AMOUNT:
PREVIOUS BILLED AMOUNT:
CURRENT BILLED AMOUNT:
TOTAL FLUX BILLED:
PREVIOUS FLUX BILLED:
CURRENT FLUX BILLED:

\$.00
\$.00
\$.00

DATE

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 21-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 02-2000

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
01-FEB-2000	W59XQG93487685	99/01-13-2000	NA		0021	TRANSPER		
01-FEB-2000	W59XQG93487685	99/01-13-2000	NA		0016	TRANSPER		
02-FEB-2000	W59XQG93487685	99/01-13-2000	NA		0016	TRANSPER		\$
15-FEB-2000	W59XQG00342055	002208G6	NA		1	TRANSPER		
28-FEB-2000	W59XQG00342055	99/2-13-2000	NA		0064	TRANSPER		
SUBTOTAL COST:								\$767.21

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
14-FEB-2000	L35672	11-FEB-2000							
14-FEB-2000	L35672	31-JAN-2000							
14-FEB-2000	L35672	10-FEB-2000							
28-FEB-2000	L35672	18-FEB-2000							
SUBTOTAL CO									
TOTAL COST:								\$4,045.97	

*** END OF REPORT - 21-DEC-2001 - 10:51 - SID G6CEFMP1 ***

Action Edit Block Field Record Query ESIQ Help

Obli No:	99/01-13-2000	Fund Type:	F	Fast Pay:	<input type="checkbox"/>	Reversal:	<input type="checkbox"/>
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER		
Line Item No:	0021	Approp Type:	?	Debtor Bill No:			
Rec Rpt No:		EAD:		MOA:	C2	Acct Phase:	B5A
Invoice No:		Accrual:		EOR:	21T1	Trans Date:	01-FEB-2000
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	01-FEB-2000		
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:			
Resource Plan:	1	Work Cat:	01A10	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:			
Appropriation:				Period:	200002		
Transaction Id:	2478136	GL Corr Id:	AP910	GL Not Posted?:	<input type="checkbox"/>		
Prop Cat Code:		Source:	GTRRECV	TBO Rpt:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			262.38

Prev Page

Prev

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Query

List

Save

Exit

Next Page

Record: 6/?

Action Edit Block Field Record Query ESIG Help

Travel Order No: 001427G6

Employee: TIMOTHY P GOUGER

Travel Order Date: 14-DEC-1999

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl Li No	Description	Wt Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
001427G6	1	NON-GTR TRAVE	002DCL	21T			0.00
99/01-13-2000	0016	7691720099/10	002DCL	21T1	0.00		0.00
99/01-13-2000	0021	76A91720102/1	002DCL	21T1			0.00

View Funding

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/01-13-2000		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 01-FEB-2000		4. REQUISITION/PURCH REQUEST NO. W59XQG00079431		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO See Block 15			
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE				DATE SIGNED	
If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	7695172790/1670G6/DARLING			.0000/		.0000	LS	\$.00	
0002	7695172793/34G6/TILLOTSON			.0000/		.0000	LS	\$.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA				25. TOTAL	\$26,959.40
				BY: _____				29. DIFFERENCES	
				CONTRACTING/ORDERING OFFICER					
26. QUANTITY IN COLUMN 20 HAS BEEN				27. REC RPT NO 000001	28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS		
[] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				[] PARTIAL					
01-FEB-2000 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				[X] FINAL	32. PAID BY 8736		33. AMT VERIFIED CORRECT FOR \$281.44		
36. I certify this amount is correct and proper for payment				31. PAYMENT			34. CHECK NUMBER 0000581347		
				[] COMPLETE	08-FEB-00		35. BILL OF LADING NO.		
				[] PARTIAL					
				[] FINAL					
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 01-FEB-2000	40. TOTAL CONT.		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	7695172762/1507G6/ADOLF	.0000/	.0000	LS	\$408.44
0004	7695172798/1657G6/BARNA	.0000/	.0000	LS	\$302.44
0005	7691720233/1601G6/BLAIR	.0000/	.0000	LS	\$343.44
0006	7691720091/1517G6/BOWERS	.0000/	.0000	LS	\$317.44
0007	7695172774/1583G6/BRANDON	.0000/	.0000	LS	\$281.44
0008	76917220017/1398G6/CARRIG	.0000/	.0000	LS	\$407.00
0009	7695172804/1666G6/CHENEY	.0000/	.0000	LS	\$361.44
0010	7691720191/1544G6/CIMAROSTI	.0000/	.0000	LS	\$623.44
0011	7691720155/1336G6/CONRATH	.0000/	.0000	LS	\$4.44
0012	7695172794/62G6/COOPER	.0000/	.0000	LS	\$278.44
0013	7695172772/1575G6/COSTELLO	.0000/	.0000	LS	\$885.94
0014	8568098023/1266G6/DEANE	.0000/	.0000	LS	\$18.00
0015	7691720210/1478G6/DRAKE	.0000/	.0000	LS	\$278.44
0016	7691720099/100/1427G6/ELLENDER	.0000/	.0000	LS	\$.00
0017	7691720040/1428G6/ELLENDER	.0000/	.0000	LS	\$212.00
0018	7695172835/1662G6/FORGE	.0000/	.0000	LS	\$408.44
0019	7691720042/1439G6/GOERGE, M	.0000/	.0000	LS	\$241.50
0020	7695172851/1704G6/GOLDSTINE	.0000/	.0000	LS	\$831.44
0021	76A91720102/1427G6/GOUGER	.0000/	.0000	LS	\$262.38
0022	7691720019/1396G6/GRABOWSKI	.0000/	.0000	LS	\$407.00
0023	7695172822/1684G6/GRAF	.0000/	.0000	LS	\$350.44
0024	76917200008/1415G6/GRAF	.0000/	.0000	LS	\$241.50
0025	7691720114/1486G6/GUNKELMAN	.0000/	.0000	LS	\$424.44
0026	7691720245/1553G6/HALL	.0000/	.0000	LS	\$611.44
0027	7691720160/1447G6/HARRIS	.0000/	.0000	LS	\$220.44
0028	7691720054/1456G6/HEARTY	.0000/	.0000	LS	\$466.00
0029	7691720029/1422G6/HENNINGSEN	.0000/	.0000	LS	\$403.50
0030	7691720037/1702G6/HILL	.0000/	.0000	LS	\$423.94
0031	7695172847/1426G6/HILL	.0000/	.0000	LS	\$420.00
0032	7691720181/1489G6/HODGES	.0000/	.0000	LS	\$424.44
0033	7691720103/04/1521G6/HUBBARD	.0000/	.0000	LS	\$224.88
0034	7691720247/1610G6/ISKE	.0000/	.0000	LS	\$316.44
0035	7695172754/1603G6/JOHNSON	.0000/	.0000	LS	\$424.44
0036	7695172799/1658G6/JONES	.0000/	.0000	LS	\$302.44
0037	7695172773/1576G6/KAPPENBERG	.0000/	.0000	LS	\$885.94
0038	7691720156/1510G6/KIEL	.0000/	.0000	LS	\$413.94
0039	7695172768/1651G6/KURMEL	.0000/	.0000	LS	\$864.84
0040	7691720020/1370G6/LAGRONE	.0000/	.0000	LS	\$419.50
0041	7695172780/1599G6/LAGRONE	.0000/	.0000	LS	\$347.88
0042	7691720026/1418G6/MATTKE	.0000/	.0000	LS	\$190.00
0043	7695172842/1698G6/MAVIS	.0000/	.0000	LS	\$424.44
0044	7691720244/1590G6/MCNLT	.0000/	.0000	LS	\$299.44
0045	7691720231/1589G6/MEIER	.0000/	.0000	LS	\$424.44
0046	7691720055/1457G6/MEYER	.0000/	.0000	LS	\$466.00
0047	7695172834/1663G6/MEYER, A	.0000/	.0000	LS	\$408.44
0048	7691720228/1591G6/MILLER	.0000/	.0000	LS	\$424.44
0049	7691720135/1512G6/MONZING	.0000/	.0000	LS	\$278.44
0050	76951720802/1606G6/NALBANT	.0000/	.0000	LS	\$424.44
0051	7691720154/1335G6/NEBUDA	.0000/	.0000	LS	\$864.84
0052	7695172843/1691G6/NEUZIL	.0000/	.0000	LS	\$424.44
0053	7691720038/1441G6/NOEL	.0000/	.0000	LS	\$137.19
0054	7691720038/1441G6/NOEL	.0000/	.0000	LS	\$137.19
0055	7691720038/1441G6/NOEL	.0000/	.0000	LS	\$137.19
0056	7695172759/1516G6/NOLAN	.0000/	.0000	LS	\$443.88
0057	7691720006/1395G6/NOLAN	.0000/	.0000	LS	\$243.26
0058	7695172833/1683G6/OBRIEN	.0000/	.0000	LS	\$473.44

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
0059	7691720024/1423G6/PACKARD	.0000/	.0000	LS	\$.00	\$241.50
0060	7685172758/1617G6/RICHARDSON	.0000/	.0000	LS	\$.00	\$281.44
0061	7691720243/1588G6/ROSE, JACK	.0000/	.0000	LS	\$.00	\$616.44
0062	76995172776/1638G6/ROZA	.0000/	.0000	LS	\$.00	\$774.44
0063	7691720011/1389G6/SCHULTE	.0000/	.0000	LS	\$.00	\$124.00
0064	7695172803/1667G6/SOLSKY	.0000/	.0000	LS	\$.00	\$361.44
0065	7695172753/1572G6/TEER	.0000/	.0000	LS	\$.00	\$310.44
0066	7691720025/1416G6/TIMMERWILKE	.0000/	.0000	LS	\$.00	\$403.50
0067	7695172795/37G6/VULCAN	.0000/	.0000	LS	\$.00	\$278.44
0068	7691720158/1419G6/WAESCH	.0000/	.0000	LS	\$.00	\$281.44
0069	7691720041/1433G6/WEMHOENER	.0000/	.0000	LS	\$.00	\$407.94
0070	7695172807/1643G6/WEMHOENER	.0000/	.0000	LS	\$.00	\$274.00
0071	7691720039/403.50	.0000/	.0000	LS	\$.00	\$137.19
0072	7691720039/403.50	.0000/	.0000	LS	\$.00	\$137.19
0073	7691720039/403.50	.0000/	.0000	LS	\$.00	\$137.19
0074	7691720087/1511G6/WESTENBURG	.0000/	.0000	LS	\$.00	\$5.44
0075	7691720161/1449G6/YOUNG, CHERYL	.0000/	.0000	LS	\$.00	\$220.44

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA

ACCOUNT NUMBER

Page 7 of 19

INDIVIDUAL CARDHOLDER ACTIVITY

NM:HUBBARD/JEFF	TKT:0127691720103	CVAT:	CC:
OARP:OMA SVC:V DARP:JAN FR:VDG	DEP:010300		
12-30 TWA AIRLINE 0157691720102OMAHA NE	12-28		106.00 DR
REF: [REDACTED] MCC:3004 PHONE:			
NM:GOUGER/TIM	TKT:0157691720102	CVAT:	CC:
OARP:ORD SVC:Y DARP:STL FR:YCA	DEP:010500		
OARP:STL SVC:Y DARP:OMA FR:YCA	DEP:010600		
12-30 AGENT FEE 8905058978643OMAHA NE	12-28		4.44 DR
REF: [REDACTED] MCC:4511 PHONE:			
NM:BOWERS/G	TKT:8905058978643	CVAT:	CC:
OARP:XAA SVC:Y DARP:XAO PREPAID TICKET FR:	DEP:122899		
12-30 AGENT FEE 8905058978644OMAHA NE	12-28		4.44 DR
REF: [REDACTED] MCC:4511 PHONE:			
NM:NOLAN/J	TKT:8905058978644	CVAT:	CC:
OARP:XAA SVC:Y DARP:XAO PREPAID TICKET FR:	DEP:122899		
12-30 AGENT FEE 8905058978652OMAHA NE	12-28		4.44 DR
REF: [REDACTED] MCC:4511 PHONE:			
NM:ELLENDER/M	TKT:8905058978652	CVAT:	CC:
OARP:XAA SVC:Y DARP:XAO PREPAID TICKET FR:	DEP:122899		
12-30 AGENT FEE 8905058978653OMAHA NE	12-28		4.44 DR
REF: [REDACTED] MCC:4511 PHONE:			
NM:ELLENDER/M	TKT:8905058978653	CVAT:	CC:
OARP:XAA SVC:Y DARP:XAO PREPAID TICKET FR:	DEP:122899		
12-30 AGENT FEE 8905058978654OMAHA NE	12-28		4.44 DR
REF: [REDACTED] MCC:4511 PHONE:			
NM:GOUGER/T	TKT:8905058978654	CVAT:	CC:
OARP:XAA SVC:Y DARP:XAO PREPAID TICKET FR:	DEP:122899		
12-30 AGENT FEE 8905058978655OMAHA NE	12-28		4.44 DR
REF: [REDACTED] MCC:4511 PHONE:			
NM:GOUGER/T	TKT:8905058978655	CVAT:	CC:
OARP:XAA SVC:Y DARP:XAO PREPAID TICKET FR:	DEP:122899		
12-30 AGENT FEE 8905058978656OMAHA NE	12-28		4.44 DR
REF: [REDACTED] MCC:4511 PHONE:			
NM:HUBBARD/J	TKT:8905058978656	CVAT:	CC:
OARP:XAA SVC:Y DARP:XAO PREPAID TICKET FR:	DEP:122899		
12-30 AGENT FEE 8905058978657OMAHA NE	12-28		
REF: [REDACTED] MCC:4511 PHONE:			
NM:HUBBARD/J	TKT:8905058978657	CVAT:	CC:
OARP:XAA SVC:Y DARP:XAO PREPAID TICKET FR:	DEP:122899		

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 14-DEC-1999	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-PC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY			8. SECURITY CLEARANCE		9. PURPOSE OF TDY RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL		
10a. APPROX NO. DAYS OF TDY (Including travel time) 3			b. PROCEED O/A (DATE) 04-JAN-2000				
11. ITINERARY LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 04-JAN-2000 AT 530 HRS TO : CHICAGO / COOK IL ILLINOIS DEPART ON 06-JAN-2000 AT 2000 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL <input checked="" type="checkbox"/> GOVERNMENT <input type="checkbox"/>						PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify):							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM \$379.00	TRAVEL		OTHER		TOTAL	\$.00	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 14-DEC-1999				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 14-DEC-1999			
AUTHORIZATION							
19. ACCOUNTING CITATION 100%							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE E WZOREK PORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113				OR AUTHENTICATION SUPPORT ASSISTANT (OA)		21. DATE ISSUED 14-DEC-1999	
						22. TRAVEL ORDER NUMBER 001427G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
14-DEC-1999

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
001427G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

Action Edit Block Field Record Query Help

Obligation No: 99/01-13-2000 Delivery Order: NA Obligation LI: 0021
Amendment No: 01 Amend Date: 11-MAY-2000 Freight: Fast Pay:
Work Item: 002DCM Fund Account: G625294 Progress Pay:
Fund Citation: 96NAX3122 AMSCO: 015558 Resource: TRANSPER
Description: COMMERCIAL TRANSPORTATION MOA: C2 Allot: 2417 EOR: 21T1

<PGDN> To Execute RV Query

RV No	Customer Inv No	Schd Date	Disb Amount	DOV No	Check No	Pmt Meth
23	VISA-FEB00	08-FEB-2000		161549	581347	TCHRC

RR Invoice Progress Pmts RV AP Transaction Check Register
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Action Edit Block Field Record Query ESIG Help

Assigned Check No: 581347

Check No Trace: 1800061790

Replacement No:

Pmt Method: TCHEC DSSN: 8736

Ea?: ☐

Type: CONTRACT

FOA Code: G6

Check Date: 08-FEB-2000

Reference No: 99/01-13-2000

Amount: [REDACTED]

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: NATIONS BANK CARD SERVICE

[REDACTED]

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: RYE, MICHAEL T

Date Signed: 08-FEB-2000

Initial Signature: 4EACC920085668A238A

Disbursing Officer's Signature: 8C547C8666F4BFB438A

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Press F2 to enter a query.

Record: 2/2

Action Edit Block Field Record Query ESIG Help

Trvl Order/Obli:	00220806	Fund Type:	F	SAACONS Site:	
Trvl Ord Amend:	0	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	15-FEB-2000
Vouch Amend No:	0	EAID:		Eff Date:	15-FEB-2000
Setlmtt Amend No:	0	Work Cat:	01A10	Resource Plan:	1
Line Item No:	1	Work Cat Elem:	99998	Cost Type:	WIP
Trvlr/Vendor ID:	GOUGT3557	Fund Work Item:	002DCL	Acct Phse:	B5A
Far Order No:	DW96947840-0560	Resource Code:	TRANSPER	TBO Disb:	N
Mgt Structure:	015558	MOA:	C2	Trans Type:	APR
Appropriation:				Period:	200002
Transaction ID:	2502542	Source:	TRVLCERT	GL Not Posted?	

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			372.39
4232.00	C			372.39

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Record: 3/?

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0			
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA			
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data	
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE	
8. TELEPHONE NUMBER 402-293-2514				9. TRAVEL ORDER NUMBER 002208G6 03Feb2000		10. PREVIOUS PAYMENTS/ADVANCES \$.00	
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O							
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)			
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO			
15. ITINERARY							
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded	POC MILES
2000							
02/09	DEP 0700	OMAHA / DOUGLAS NE NEBRASKA	TP				
02/09	ARR 0930	ST LOUIS MO MISSOURI		TD	50.00		
02/11	DEP 1418	ST LOUIS MO MISSOURI	TP				
02/11	ARR 1610	OMAHA / DOUGLAS NE NEBRASKA		MC			
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. REIMBURSABLE EXPENSES						17. LEAVE	
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS	
11Feb2000	CREDIT CARD ATM FEE		\$				
11Feb2000	GAS		\$				
11Feb2000	MILEAGE TO/FROM AIRPORT		\$		c. TAKEN BETWEEN		
11Feb2000	PARKING FEES - AIRPORT		\$		d. AND		
11Feb2000	RENTAL CAR		\$				
11Feb2000	LODGING TAXES		\$				
18. POC TRAVEL:				OWNER/OPERATOR	PASSENGER		
20. Long distance telephone calls are certified as necessary in the interest of the government.						19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)	
APPROVING OFFICER (31 USC 1348(b))						a. GTR/MTA NO.	b. FROM
						7761022669	c. TO
						OMAHA / DOUGLAS NE	ST LOUIS MO MISSOURI
21.a. CLAIMANT SIGNATURE				b. DATE	22.a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS		b. DATE 14Feb2000
23. ACCOUNTING CLASS							
100 % FUNDED							
24. COLLECTION DATA							
25. COMPUTED BY SHELIA DACQUISTO	26. AUDITED BY JUDITH MORGAN	27. TRVL ORD POSTED BY	28. RECEIVED (Payee signature and date or check no.) 652537 16Feb2000			29. AMOUNT PAID \$372.39	

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.

1. PAYMENT REQUIRED BY (X one) <input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> ELECTRONIC FUND TRANSFER		2. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TOY/TAD <input type="checkbox"/> PCS <input type="checkbox"/> OTHER <input type="checkbox"/> Member/Employee <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER	
4. NAME (Last, First, Middle Initial) (Print or type) Gouger Timothy J		5. GRADE GS12		6. SSN [REDACTED]	
7. ADDRESS a. NUMBER AND STREET [REDACTED]		b. CITY [REDACTED]		c. STATE [REDACTED]	
8. TELEPHONE NUMBER (include area code) [REDACTED]		9. TRAVEL ORDER NUMBER 0072 0866		10. PREVIOUS PAYMENTS/ADVANCES [REDACTED]	
11. ORGANIZATION AND STATION CENWIS-CP-FC		12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE		13. DEPENDENT'S ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)	
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Explain in Remarks)	
15. ITINERARY				d. COMPUTATIONS	
a. DATE 10/24	b. LOCAL TIME (24 hour) 0700	c. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.) Home	d. MEANS/ MODE OF TRAVEL PA	e. REASON FOR STOP AT	f. NUMBER OF MEALS (1) Gov't (B-L-D) (2) DOD (B-L-D)
21/9	DEP 0700				
	ARR 0730				
	DEP 0800	Eppley	CP	AT	15
	ARR 0930	East St Louis	CP	TD	50
21/11	DEP 1418				
	ARR 1530	Eppley	PA	AT	
	DEP 1530				
	ARR 1610	Home		MC	15
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
16. REIMBURSABLE EXPENSES					e. SUMMARY OF PAYMENT
a. DATE 2/11	b. NATURE OF EXPENSE Hotel TAX 12.26	c. AMOUNT \$137.00	d. ALLOWED	(1) Per Diem	
	Rental Car	\$104.91		(2) Actual Expense Allowance	
	Gas	\$9.00		(3) Mileage	
	Parking	\$18.00		(4) Dependent Travel	
	Auto	\$3.47		(5) DLA	
17. LEAVE				(6) Reimbursable Expenses	
a. DAYS	b. HOURS			(7) Total	
c. TAKEN BETWEEN				(8) Less Advance	
d. AND				(9) Amount Owed	
				(10) Amount Due	
18. POC TRAVEL (X one) <input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)	
20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT. APPROVING OFFICER (31 USC 1348(b))				a. GTR/MTA NO.	b. FROM
				c. TO	
21. CLAIMANT SIGNATURE Timothy J Gouger		b. DATE 2/14/00	22. APPROVING OFFICER SIGNATURE		b. DATE
23. ACCOUNTING CLASSIFICATION ATM Fee .019 x 130 = \$2.47 Fee \$1.00 / \$3.47					
24. COLLECTION DATA					
25. COMPUTED BY	26. AUDITED BY	27. TRAVEL ORDER POSTED BY	28. RECEIVED (Payee Signature and Date or Check No.)		29. AMOUNT PAID

SALES PERSON: 40
CUSTOMER NBR: 565181

ITINERARY/INVOICE NO. 0000765
UOFYNT

DATE: 93 FEB 01
PAGE: 02

TO: PICKUP 08FEB

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 1048
OMAHA NE 68102

FOR: GOUGER/TTM

REF: CTA6TL,096252,00EDHA

X ---- INFORMATION FOR ARMY TRAVELERS ----
IF YOU NEED TO CONTACT THE ARMY MILITARY LODGING
RESERVATION CENTER DIRECT. THE PHONE NUMBER IS
1-800-60 ARMY 1 OR 800-462-7691. --LODGING ONLY--
XX

FOR ASSISTANCE WHILE ENROUTE, AFTER NORMAL BUSINESS
HOURS CALL OUR 24HR SERVICE CENTER AT 1-800-286-5999.

TICKET RECEIVED

CLIENT SIGNATURE.....

YOUR PERSONAL ID CODE IS 31014/CTO

THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL

FOR EMERGENCIES DURING BUSINESS HOURS,

PLEASE CALL 1-800-945-0533

CALL 1-877-INFOCWT FOR REPORTING OR EVALUATING

SERVICE EXCELLENCE ISSUES. YOUR QC ID CODE IS 1767.

FARE-A40 YCA

FARE-A40 YCA

THE REVENUE RECOVERY FEE WILL APPEAR SEPARATELY ON
YOUR CREDIT CARD STATEMENT.

THE REVENUE RECOVERY FEE IS A NON-REFUNDABLE CHARGE.

1/1000 CONTRACT CARRIER USED FOR ENTIRE TRIP

US-COEOMA

US-96X3122, .

US-

07-00FEA00 0000000000000000

US-0000000000

SALES PERSON: 42
CUSTOMER NBR: 333131

ITINERARY/INVOICE NO. 0020760
DDP/INT

DATE: 03 FEB 81
PAGE: 01

TO: PICKUP \$8500

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
602/OMAHA
215 N 17TH STREET
ROOM 1568
OMAHA NE 68102

FOR: GOUSSER/TYM

REF: OMAHA 096252.000000

09 FEB 80 - WEDNESDAY

AIR	TRANS WORLD AIRLINES FLT:588	COACH	
	LV OMAHA	810A	
	4P ST LOUIS INTL	930A	
	ARRIVE: MAIN TERMINAL		
OTHER SEAT			
	SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY.		
CAR	ST LOUIS INTL	THRIFTY CAR RENTAL	
	PICK UP-0930	1-COMPACT CAR AUTO AC	
	RETURN-11FEB/1717		
	RATE IS GUARANTEED		
	DAILY RATE-US\$37.00	UNLIMITED MILEAGE	
	CONFIRMATION NUMBER	HF6600	
	CALL-314-423-3737		

REF: 40-20
AIR 15MIN
NON-STOP
REF: 24420P

CORP ID-001000000000

11 FEB 80 - FRIDAY

AIR	TRANS WORLD AIRLINES FLT:577	COACH	
	LV ST LOUIS INTL	910P	
	DEPART: MAIN TERMINAL		
	4P OMAHA	645P	
OTHER			
	ROUND TRIP FEE OF \$1.44 AIR TICKET		
OTHER SEAT			
	SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY.		

REF: 40-20
AIR 15MIN
NON-STOP
REF: 24420P

07 AUG 80 - WEDNESDAY

OTHER INFORMATION
THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL
203/23177477

AIR TICKET	002761000000	GOUSSER TYM	
FILED TKT		FILED TO	128.00
		SUB TOTAL	132.44
		NET OF 20.00	132.44
		TOTAL AMOUNT DUE	5.00

CONTINUED ON PAGE 2

99 3428 0043
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE
ET-KT

CTASTL, 096252, COEDMA

PASSENGER RECEIPT

555101

0020765

A40

XXXXXX

ISSUED BY TRANS WORLD AIRLINES XXXXX
NAME OF ISSUING AGENT ALMEDA TVL OMAHA
NAME OF PASSENGER GOUGER/TIM
X/O FROM **NOT VALID FOR* THIS IS YOUR RECEIPT
X/O TO **TRANSPORTATION*
ENDORSEMENTS/RESTRICTIONS

ARC

FLY XXX
COUPON

TOUR CODE

AGENT CODE

NAME OF PASSENGER

A28926122

GOUGER/TIM

PLACE OF ISSUE

DATE OF ISSUE

FROM

TO

OSTL TWS82 Y 09FEBYCA

OMA TWS77 Y 11FEBYCA

ISSUING AGENT

1014*43

CARRIER *****

CARRIER FLIGHT CLASS DATE TIME *****

094563 /FCOMA TW STL5
5.81 TW OMA55.81YCA 111.62 END ZPOMASTL XFSTL3

XF 3.00
FARE USD 111.62
TAX US 8.38
TAX ZP 5.00
TOTAL USD 128.00

EQUIV. FARE PD.

STOCK CONTROL NO. TX,88 CK

60402004073

CPN

DOCUMENT NUMBER

CK


0 015 7761022669 5

ALLOW PCS WT UNCKD

NOT VALID FOR TRAVEL
0 015 7761022669 5
AA28926122

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY
ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

Thrifty Car Rental

CUSTOMER DRIVER IL TRL HOL CAHOKIA ADD'L RENTER: CORP DISC NO: 0010020150 RESERVATION NO: 282284	GOUNER TIM CUST NO: 349004 08/22/00 (1)	Car To Be Returned To Above Unless Stated RA OUT: 260103 STL RA IN: 260103 STL	Rental Expires On 17:17 02/11/00	Rental Agreement Number N11571615
	VEH. #: 4650 LIC. #: 352JRL STALL #: 99 DOOR NEON Fuel out 8/0 Mileage o 22825 Fuel in 8/0 Mileage i 22992 EXCH LIC. #: STALL #:		TIME OUT TIME IN 02/09/00 10:17 02/11/00 13:00 Per Mile Per Hour 1 12.33 12.33 Per Day 2 27.00 74.00 Per Week 169.00 Per Month 715.00 Wind Day	
	Fuel out Mileage o Fuel in Mileage i MILES DRIVEN: 167		** NET T & M 86.33 Fuel 3.10 P/G Drop Fee Conc. Recov Fee - 11.1% 9.50 State Surchg .24 per day 2.82 Sales Tax 7.250% 5.26	
	CREDIT CARD EXP. DATE 6/01 AUTH # 021865 AMT 134.00 SOURCE: 100 IR			
By signature below, I acknowledge that I have read and agree to the terms and conditions, both printed and written, including Physical Damage Waiver, that appear on this rental statement and on the separate rental jacket. All the information provided by Me is true. I know that if I decline the option PDW, I am responsible for all loss regardless of fault. I AUTHORIZE THRIFTY TO PROCESS OR SUBMIT A CHARGE TO MY CREDIT, DEBIT OR CHARGE CARD FOR THE ESTIMATED CHARGES FOR THIS RENTAL UPON MY SIGNING THIS RENTAL STATEMENT AND FOR ALL ADDITIONAL CHARGES UPON RETURN OF THE VEHICLE.				
X  RENTER SIGNATURE		* LESS PAID DEPOSITS * 134.00 * TOTAL CHARGES * 104.91 ** CREDITS/PAYMENTS ** 29.17		
X _____ ADDITIONAL AUTHORIZED RENTER		RENTER		

MERCHANDISE AND ON SERVICES PURCHASED ON THIS CARD "MAY BE" BE RESOLD OR RETURNED FOR A CASH REFUND

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 03-FEB-2000	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last,First,Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 3		b. PROCEED O/A (DATE) 09-FEB-2000					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 09-FEB-2000 AT 600 HRS TO : ST LOUIS MO MISSOURI DEPART ON 11-FEB-2000 AT 2000 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM [REDACTED]		TRAVEL [REDACTED]		OTHER [REDACTED]		TOTAL [REDACTED] \$.00	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT. TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 03-FEB-2000				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 03-FEB-2000			
AUTHORIZATION							
19. ACCOUNTING CITATION [REDACTED] 100%							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						21. DATE ISSUED 03-FEB-2000	
						22. TRAVEL ORDER NUMBER 002208G6	

002208G6

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 552537

Check No Trace: 1800062237

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?:

Type: TRV SETLMT

FOA Code: G6

Check Date: 16-FEB-2000

Reference No: 002208G6

Amount:

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P GOUGER

Certified By: WITT, DENNY R

Date Signed: 16-FEB-2000

Initial Signature: 5813EE18CFC8728A38A

Disbursing Officer's Signature: 38AAE9A9

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Press F2 to enter a query.

Record: 1/?

Action Edit Block Field Record Query ESIG Help

Obli No:	89/2-13-2000	Fund Type:	F	Fast Pay:	<input type="checkbox"/>	Reversal:	<input type="checkbox"/>
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER		
Line Item No:	0064	Approp Type:	?	Debtor Bill No:			
Rec Rpt No:		EAD:		MOA:	C2	Acct Phase:	E5A
Invoice No:		Accrual:		EOR:	21T1	Trans Date:	28-FEB-2000
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	28-FEB-2000		
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:			
Resource Plan:	1	Work Cat:	01A10	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:			
Appropriation:				Period:	200002		
Transaction Id:	2514150	GL Corr Id:	AP910	GL Not Posted?:	<input type="checkbox"/>		
Prop Cat Code:		Source:	GTRREC	TBO Rpt:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			132.44

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Travel Order No: 002208G6

Employee: TIMOTHY P GOUGER

Travel Order Date: 03-FEB-2000

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obli Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
002208G6	1	NON-GTR TRAVE	002DCL	21T2			0.00
99/2-13-2000	0064	7761022669/22	002DCL	21T1			0.00

[View Funding](#)[Prev Page](#)[Prev](#)[Next](#)[Query](#)[List](#)[Save](#)[Exit](#)[Next Page](#)

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/2-13-2000		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 28-FEB-2000		4. REQUISITION/PURCH REQUEST NO. W59XQG00382510		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS-ADVANTAGED [] WOMEN-OWNED	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO See Block 15			
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED</div> </div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	77640229516/2170G6/ADDISON			.0000/		.0000	LS	\$.00	[REDACTED]
0002	77640229516/2170G6/ADDISON			.0000/		.0000	LS	\$.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA			25. TOTAL		\$94,640.64
				BY:			29. DIFFERENCES		
				CONTRACTING/ORDERING OFFICER					
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 28-FEB-2000 /S/ KIMBERLY A BURGE DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000001		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS	
				[] PARTIAL [X] FINAL		32. PAID BY 8736		33. AMT VERIFIED CORRECT FOR \$246.44	
36. I certify this amount is correct and proper for payment				31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL		06-MAR-00		34. CHECK NUMBER 0000597203	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. REC'D AT	38. RECEIVED BY KIMBERLY A BURGE			39. DATE REC'D 28-FEB-2000		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER	
								42. S/R VOUCHER NO.	

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
0003	77640229516/2170G6/ADDISON	.0000/	.0000	LS	\$.00	\$84.89
0004	7698734379/1901G6/ALLEN	.0000/	.0000	LS	\$.00	\$102.44
0005	7761022732/33/1719G6/ANDERSON, BRUCE	.0000/	.0000	LS	\$.00	\$627.88
0006	7761022605/2027G6/ARMSTRONG	.0000/	.0000	LS	\$.00	\$424.44
0007	7761022710/2229G6/BARNA	.0000/	.0000	LS	\$.00	\$322.44
0008	7698745599//1466G6/BARR	.0000/	.0000	LS	\$.00	\$183.44
0009	7761022566/2007G6/BERAN	.0000/	.0000	LS	\$.00	\$484.44
0010	7698734313/1909G6/BETTS	.0000/	.0000	LS	\$.00	\$779.44
0011	7761022523/2056G6/BICHANICH	.0000/	.0000	LS	\$.00	\$299.44
0012	7761022707/2198G6/BIRKETT, J	.0000/	.0000	LS	\$.00	\$861.44
0013	7761022564/2060G6/BOCKERMAN	.0000/	.0000	LS	\$.00	\$616.44
0014	7698734283/1874G6/BONNEAU	.0000/	.0000	LS	\$.00	\$424.44
0015	77640299552/2317G6/BONNEAU	.0000/	.0000	LS	\$.00	\$424.44
0016	7695172977/1518G6/BOWERS	.0000/	.0000	LS	\$.00	\$317.44
0017	7764029536/2140G6/BOWERS	.0000/	.0000	LS	\$.00	\$317.44
0018	7695172917/1750G6/BREY	.0000/	.0000	LS	\$.00	\$732.94
0019	7761022727/2127G6/BROWN	.0000/	.0000	LS	\$.00	\$.00
0020	7698734388/1959G6/BREY	.0000/	.0000	LS	\$.00	\$424.44
0021	7764029568/2285G6/BUDD	.0000/	.0000	LS	\$.00	\$787.44
0022	7761022706/2199G6/BURKE	.0000/	.0000	LS	\$.00	\$861.44
0023	7698734261/1737G6/BUSS, LARRY	.0000/	.0000	LS	\$.00	\$243.44
0024	7698734274/1849G6/BUSS, MARK	.0000/	.0000	LS	\$.00	\$874.38
0025	7695172995/1739G6/BUSS, MARK	.0000/	.0000	LS	\$.00	\$138.44
0026	7764029564/2325G6/BUSS, MARK	.0000/	.0000	LS	\$.00	\$837.44
0027	7698734389/1912G6/CARPENTER	.0000/	.0000	LS	\$.00	\$424.44
0028	7685172949/1783G6/CARRIG	.0000/	.0000	LS	\$.00	\$302.44
0029	7761022730/2201G6/CARTER	.0000/	.0000	LS	\$.00	\$424.44
0030	7761022587/2077G6/CASTELNOVA	.0000/	.0000	LS	\$.00	\$316.44
0031	7698734308/09/1922G6/CIRIAN	.0000/	.0000	LS	\$.00	\$618.38
0032	7764029543/2255G6/CLEMETSON	.0000/	.0000	LS	\$.00	\$424.44
0033	7761022568/62G6/COOPER	.0000/	.0000	LS	\$.00	\$424.44
0034	7685172889/62G6/COOPER	.0000/	.0000	LS	\$.00	\$246.44
0035	7761022694/62G6/COOPER	.0000/	.0000	LS	\$.00	\$402.94
0036	7698734453/2008G6/COSTELLO	.0000/	.0000	LS	\$.00	\$424.44
0037	7698734467/1611G6/COUNCILL	.0000/	.0000	LS	\$.00	\$433.94
0038	7695172923/1760G6/COUNCILL	.0000/	.0000	LS	\$.00	\$408.44
0039	7698734345/1908G6/COX	.0000/	.0000	LS	\$.00	\$273.44
0040	7764029547/48/49/2314G6/DARLING	.0000/	.0000	LS	\$.00	\$506.32
0041	7698734319/1924G6/DARLING	.0000/	.0000	LS	\$.00	\$424.44
0042	7695172974/1581G6/DENKER	.0000/	.0000	LS	\$.00	\$450.44
0043	7761022577/1582G6/DENKER	.0000/	.0000	LS	\$.00	\$772.44
0044	7761022618/2001G6/DONAHUE	.0000/	.0000	LS	\$.00	\$247.88
0045	7695172914/1708G6/DORMAN	.0000/	.0000	LS	\$.00	\$383.44
0046	7761022511/204G6/DUNKER	.0000/	.0000	LS	\$.00	\$.00
0047	7761022581/2097G6/EDELBROCK	.0000/	.0000	LS	\$.00	\$278.44
0048	7695172980/1443G6/ELLIS	.0000/	.0000	LS	\$.00	\$512.44
0049	7698734284/1873G6/ENGELBART	.0000/	.0000	LS	\$.00	\$762.44
0050	7761022708/2196G6/ENGEN	.0000/	.0000	LS	\$.00	\$861.44
0051	7698734424/1946G6/ERHARDT	.0000/	.0000	LS	\$.00	\$475.44
0052	7698734265/1857G6/FILIPS	.0000/	.0000	LS	\$.00	\$141.43
0053	7698734265/1857G6/FILIPS	.0000/	.0000	LS	\$.00	\$188.58
0054	7698734265/1857G6/FILIPS	.0000/	.0000	LS	\$.00	\$141.43
0055	7698734474/1738G6/FINK	.0000/	.0000	LS	\$.00	\$1,945.44
0056	7761022670/2038G6/FREED	.0000/	.0000	LS	\$.00	\$243.44
0057	7761022606/2062G6/FREEMAN	.0000/	.0000	LS	\$.00	\$424.44
0058	7761022621/2132G6/FRYE	.0000/	.0000	LS	\$.00	\$241.44

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0059	7698734462/2019G6/GEORGE, M	.0000/	.0000 LS	\$.00	\$212.94
0060	7764029573/2307G6/GILBERT	.0000/	.0000 LS	\$.00	\$917.94
0061	7695172937/1705G6/GOLDSTINE	.0000/	.0000 LS	\$.00	\$831.44
0062	7764029530/2290G6/GORUP	.0000/	.0000 LS	\$.00	\$450.44
0063	7698734378/1901G6/GOSMIRE	.0000/	.0000 LS	\$.00	\$348.94
0064	7761022669/2208G6/GOUGER	.0000/	.0000 LS	\$.00	\$132.44
0065	7695172922/1759G6/GOUGER	.0000/	.0000 LS	\$.00	\$240.44
0066	7698734324/1921G6/GRABOWSKI	.0000/	.0000 LS	\$.00	\$163.44
0067	7761022551/2069G6/HALL	.0000/	.0000 LS	\$.00	\$309.44
0068	7761022583/2096G6/HARRIS, B	.0000/	.0000 LS	\$.00	\$278.44
0069	7761022649/2134G6/HARRIS, L	.0000/	.0000 LS	\$.00	\$220.44
0070	7695172965/1628G6/HARRIS, L	.0000/	.0000 LS	\$.00	\$183.44
0071	7764029537/2122G6/HARRIS, L	.0000/	.0000 LS	\$.00	\$310.44
0072	7698734461/2025G6/HARTLEY	.0000/	.0000 LS	\$.00	\$321.44
0073	7761022686/2212G6/HEARTY	.0000/	.0000 LS	\$.00	\$450.44
0074	7761022619/2052G6/HEDLAND	.0000/	.0000 LS	\$.00	\$574.44
0075	7698734466/1608G6/HENNINGSEN	.0000/	.0000 LS	\$.00	\$433.94
0076	7695172886/1743G6/HENRY	.0000/	.0000 LS	\$.00	\$138.44
0077	7695172950/1784G6/HERRING	.0000/	.0000 LS	\$.00	\$302.44
0078	7695734419/1976G6/HERRING	.0000/	.0000 LS	\$.00	\$302.44
0079	7764029507/2216G6/HERRING	.0000/	.0000 LS	\$.00	\$322.44
0080	7761022700/2244G6/HERSE	.0000/	.0000 LS	\$.00	\$179.44
0081	7695172948/1834G6/HILL, S	.0000/	.0000 LS	\$.00	\$424.44
0082	7761022565/2028G6/HINKLE	.0000/	.0000 LS	\$.00	\$616.44
0083	7698734260/1878G6/HOBZA	.0000/	.0000 LS	\$.00	\$561.44
0084	7698734339/1925G6/HOBZA	.0000/	.0000 LS	\$.00	\$439.44
0085	7698734476/1769G6/HOBZA	.0000/	.0000 LS	\$.00	\$484.44
0086	7761022534/1625G6/HODGES	.0000/	.0000 LS	\$.00	\$428.88
0087	7698734423/1900G6/HODGES	.0000/	.0000 LS	\$.00	\$424.44
0088	7763029544/2204G6/HODGES	.0000/	.0000 LS	\$.00	\$424.44
0089	7698734368/1971G6/HUBBARD	.0000/	.0000 LS	\$.00	\$653.44
0090	7761022643/2139G6/HUBBARD	.0000/	.0000 LS	\$.00	\$909.44
0091	7761022547/1979G6/JOHNSON, A	.0000/	.0000 LS	\$.00	\$429.44
0092	7761022543/1467G6/JOHNSON, M	.0000/	.0000 LS	\$.00	\$183.44
0093	7761022580/1715G6/JOHNSON, M	.0000/	.0000 LS	\$.00	\$302.44
0094	7761022712/2230G6/JONES	.0000/	.0000 LS	\$.00	\$322.44
0095	7698734452/2009G6/KAPPENBERGER	.0000/	.0000 LS	\$.00	\$424.44
0096	7698734385/1676G6/KAISER	.0000/	.0000 LS	\$.00	\$669.44
0097	7698734422/1953G6/KELLY	.0000/	.0000 LS	\$.00	\$779.44
0098	7761022667/2155G6/KEMMERER	.0000/	.0000 LS	\$.00	\$424.44
0099	7698734346/12937G6/KIEL	.0000/	.0000 LS	\$.00	\$514.44
0100	7695172953/1809G6/KIRSCHBAUM	.0000/	.0000 LS	\$.00	\$240.44
0101	7761022538/2091G6/KIRSCHBAUM	.0000/	.0000 LS	\$.00	\$424.44
0102	7761022715/2171G6/KIRSCHBAUM	.0000/	.0000 LS	\$.00	\$767.84
0103	7764029566/2254G6/KIRSCHBAUM	.0000/	.0000 LS	\$.00	\$831.44
0104	7698734459.2015G6/KIRWAN	.0000/	.0000 LS	\$.00	\$424.44
0105	7695172903/1464G6/KOLKE	.0000/	.0000 LS	\$.00	\$611.44
0106	7698734294/1892G6/KRUSE	.0000/	.0000 LS	\$.00	\$571.44
0107	7761022702/2228G6/KURMEL	.0000/	.0000 LS	\$.00	\$433.44
0108	7698734298/1776G6/KUTZ	.0000/	.0000 LS	\$.00	\$363.44
0109	7698734367/1970G6/LAGRONE	.0000/	.0000 LS	\$.00	\$653.44
0110	7695172952/1838G6/LAGRONE	.0000/	.0000 LS	\$.00	\$424.44
0111	7698734291/1679G6/LEHN	.0000/	.0000 LS	\$.00	\$483.44
0112	7695172976/1430G6/LESTER	.0000/	.0000 LS	\$.00	\$310.44
0113	7761022660/2036G6/LEWIS	.0000/	.0000 LS	\$.00	\$450.44
0114	7698734311/1866G6/LIEN, LINDSEY	.0000/	.0000 LS	\$.00	\$450.44

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0115	7761022654/1998G6/LINDLEY	.0000/	.0000 LS	\$.00	\$725.44
0116	7685172969/1558G6/LINSEY	.0000/	.0000 LS	\$.00	\$316.44
0117	7698734432/1934G6/MATTHE	.0000/	.0000 LS	\$.00	\$240.44
0118	7761022516/2043G6/MAVIS	.0000/	.0000 LS	\$.00	\$212.22
0119	7761022516/2043G6/MAVIS	.0000/	.0000 LS	\$.00	\$212.22
0120	7761022616/1992G6/MAY, W	.0000/	.0000 LS	\$.00	\$870.44
0121	7698734473/11296G6/MCPAUL	.0000/	.0000 LS	\$.00	\$424.44
0122	7761022718/2200G6/MCGARGILL	.0000/	.0000 LS	\$.00	\$861.44
0123	7761022582/2098G6/MCNAMARA	.0000/	.0000 LS	\$.00	\$278.44
0124	7761022549/1986G6/MCNULTY	.0000/	.0000 LS	\$.00	\$920.24
0125	7698734312/1868G6/MELLEMA, GREG	.0000/	.0000 LS	\$.00	\$450.44
0126	7695172895/1740G6/MINER	.0000/	.0000 LS	\$.00	\$424.44
0127	7761022557/1751G6/MIRANDA	.0000/	.0000 LS	\$.00	\$258.44
0128	7764029572/2308G6/MORRISON, E	.0000/	.0000 LS	\$.00	\$917.94
0129	7761022711/2222G6/MOSES	.0000/	.0000 LS	\$.00	\$322.44
0130	7761022664/2157G6/MUDAMBI	.0000/	.0000 LS	\$.00	\$165.44
0131	7761022561/63/1802G6/NAYLOR	.0000/	.0000 LS	\$.00	\$8.88
0132	7761022735/2041G6/NEBUDA	.0000/	.0000 LS	\$.00	\$706.24
0133	7761022701/2233G6/NEBUDA	.0000/	.0000 LS	\$.00	\$433.94
0134	7761022705/2128G6/NEUZZZIL	.0000/	.0000 LS	\$.00	\$424.44
0135	7698734347/1906G6/	.0000/	.0000 LS	\$.00	\$122.90
0136	7698734347/1906G6/	.0000/	.0000 LS	\$.00	\$60.54
0137	7695172898/1725G6/NOVOTNY	.0000/	.0000 LS	\$.00	\$316.44
0138	7695172899/1717G6/NOVOTNY	.0000/	.0000 LS	\$.00	\$250.44
0139	7698734463/2024G6/OHARA	.0000/	.0000 LS	\$.00	\$424.44
0140	7698734259/1862G6/OHARA	.0000/	.0000 LS	\$.00	\$424.44
0141	7764029550/2303G6/OHARA	.0000/	.0000 LS	\$.00	\$423.94
0142	7698734300/1907G6/OHNSTAD	.0000/	.0000 LS	\$.00	\$430.44
0143	7761022681/1997G6/PETERSON, JULIE	.0000/	.0000 LS	\$.00	\$363.71
0144	7761022681/1997G6/PETERSON, JULIE	.0000/	.0000 LS	\$.00	\$121.24
0145	7761022584/2099G6/PETERSON, LYLE	.0000/	.0000 LS	\$.00	\$278.44
0146	7695172897/1755G6/PLACK	.0000/	.0000 LS	\$.00	\$408.44
0147	7698734270/1682G6/POCHANT	.0000/	.0000 LS	\$.00	\$728.44
0148	7695172973/1585G6/POPELKA	.0000/	.0000 LS	\$.00	\$450.44
0149	7761022615/1993G6/PRICE	.0000/	.0000 LS	\$.00	\$870.44
0150	7764029545/2256G6/PRIDAL	.0000/	.0000 LS	\$.00	\$322.44
0151	7764029555/2129G6/QUINN	.0000/	.0000 LS	\$.00	\$316.44
0152	7698734281/1730G6/RAMER	.0000/	.0000 LS	\$.00	\$4.44
0153	7761022545/1641G6/RONISATE	.0000/	.0000 LS	\$.00	\$813.44
0154	7761022699/2243G6/RASMUSSEN	.0000/	.0000 LS	\$.00	\$179.44
0155	7698734349/1870G6/REMUS	.0000/	.0000 LS	\$.00	\$424.44
0157	7764029585/2327G6/ROSE, J	.0000/	.0000 LS	\$.00	\$621.44
0158	7764029515/2161G6/ROTHER	.0000/	.0000 LS	\$.00	\$84.89
0159	7764029515/2161G6/ROTHER	.0000/	.0000 LS	\$.00	\$254.66
0160	7764029515/2161G6/ROTHER	.0000/	.0000 LS	\$.00	\$84.89
0161	7764029514/2169G6/ROZA	.0000/	.0000 LS	\$.00	\$424.44
0162	7698734468/1832G6/RUPF	.0000/	.0000 LS	\$.00	\$424.44
0163	7761022536/1983G6/SACHS	.0000/	.0000 LS	\$.00	\$616.44
0164	7761022558/60/1958G6/SANDERSON	.0000/	.0000 LS	\$.00	\$8.88
0165	7761022688/2190G6/SANDERSON	.0000/	.0000 LS	\$.00	\$701.44
0166	7761022647/2168G6/SCHENK	.0000/	.0000 LS	\$.00	\$424.44
0167	7698734471/1863G6/SCHULTE	.0000/	.0000 LS	\$.00	\$609.27
0168	7761022734/2234G6/SCHULTE	.0000/	.0000 LS	\$.00	\$787.44
0169	7761022506/1835G6/SCHWARTZ	.0000/	.0000 LS	\$.00	\$424.44
0171	7761022697/1941G6/SHERMAN	.0000/	.0000 LS	\$.00	\$1,206.14
0172	7695172932/1728G6/SHOCKLEY	.0000/	.0000 LS	\$.00	\$316.44

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0173	7695172883/1526G6/SKAR	.0000/	.0000	LS	\$951.44
0174	7698734361/1939G6/SNYDER	.0000/	.0000	LS	\$691.38
0175	7764029565/2127G6/SOLBERG	.0000/	.0000	LS	\$316.44
0176	7761022572/2103G6/SOLBERG	.0000/	.0000	LS	\$424.44
0177	7698734315/1910G6/SOMMER	.0000/	.0000	LS	\$779.44
0178	7698734293/1885G6/SORENSEN	.0000/	.0000	LS	\$762.44
0179	7698734279/80/1897G6/SPENCE	.0000/	.0000	LS	\$547.88
0180	7695172984/1529G6/SPEULDA	.0000/	.0000	LS	\$653.44
0181	7764029584/2355G6/STINN	.0000/	.0000	LS	\$424.44
0182	7695172981/1528G6/STOLTZ	.0000/	.0000	LS	\$674.44
0183	7761022609/1837G6/STUBBE	.0000/	.0000	LS	\$316.44
0184	7761022652/2068G6/SWATFAGER	.0000/	.0000	LS	\$941.88
0185	7698734447/1978G6/TERR	.0000/	.0000	LS	\$424.44
0186	7698734354/1957G6/TERPENING	.0000/	.0000	LS	\$779.44
0187	7764029562/2328G6/THOMASON	.0000/	.0000	LS	\$497.44
0188	7698734460/2021G6/TILLINGER	.0000/	.0000	LS	\$620.44
0189	7695172907/34G6/TILLOTSON	.0000/	.0000	LS	\$424.44
0190	7698734333/34G6/TILLOTSON	.0000/	.0000	LS	\$958.94
0191	7761022624/2123G6/TROUT	.0000/	.0000	LS	\$424.44
0192	7695172930/63G6/VADER	.0000/	.0000	LS	\$428.88
0193	7761022567/63G6/VADER	.0000/	.0000	LS	\$424.44
0194	7761022666/2160G6/VANATTA	.0000/	.0000	LS	\$424.44
0195	7761022691/1935G6/VODICKA	.0000/	.0000	LS	\$450.44
0196	7698734335/37G6/VULCAN	.0000/	.0000	LS	\$578.44
0197	7698734426/2000G6/WAGNER	.0000/	.0000	LS	\$4.44
0198	7761022571/2083G6/WEDDINGTON	.0000/	.0000	LS	\$424.44
0199	7698734480/2035G6/WESTENBURG	.0000/	.0000	LS	\$179.44
0200	777761022514/2058G6/WHITE, D	.0000/	.0000	LS	\$424.44
0201	7761022642/2144G6/WHITE, D	.0000/	.0000	LS	\$424.44
0202	7698734317/1858G6/WHITE, S	.0000/	.0000	LS	\$261.44
0203	76985172927/1726G6/WHITE, S	.0000/	.0000	LS	\$316.44
0204	7698734386/1465G6/WHITED	.0000/	.0000	LS	\$183.44
0205	7761022556/1753G6/MIERSMA	.0000/	.0000	LS	\$258.44
0206	7761022629/2152G6/WINSLOW	.0000/	.0000	LS	\$317.44
0207	7695172888/64G6/WOSCYNNA	.0000/	.0000	LS	\$732.94
0208	7761022569/64G6/WOSCYNNA	.0000/	.0000	LS	\$424.44
0209	7761022597/1981G6/WRIGHT	.0000/	.0000	LS	\$450.44
0210	7698734493/1980G6/WRIGHT	.0000/	.0000	LS	\$418.44
0211	7695172964/1626G6/YOUNG, C	.0000/	.0000	LS	\$183.44
0212	77640229567/2314G6/DARLING	.0000/	.0000	LS	\$424.44
0213	7698734420/1989G6/MEIER	.0000/	.0000	LS	\$424.44
0214	7764029561/2331G6/QUINN	.0000/	.0000	LS	\$423.94
0215	7761022574/2647G6/ROSE, J	.0000/	.0000	LS	\$424.44

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/2-13-2000		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER 28-FEB-2000		4. REQUISITION/PURCH REQUEST NO. W59XQG92851214		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO		See Block 15	
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED			
If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0156	7761022513/181G6/RICHARDSON			.0000/		.0000	LS	\$.00	\$.00
0170	7698734325/1911G6/SEEBB			.0000/		.0000	LS	\$.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: _____ CONTRACTING/ORDERING OFFICER			25. TOTAL \$316.44		
							29. DIFFERENCES		
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 28-FEB-2000 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000002		28. D.O. VOUCHER NO. 332449		30. INITIALS	
				[] PARTIAL [X] FINAL		32. PAID BY 8735		33. AMT VERIFIED CORRECT FOR \$316.44	
36. I certify this amount is correct and proper for payment				31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL		06-MAR-00		34. CHECK NUMBER 0000219269	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 28-FEB-2000		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER	
									42. S/R VOUCHER NO.

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1		
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.										
1. CONTRACT/PURCH ORDER NO. 99/2-13-2000		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 28-FEB-2000		4. REQUISITION/PURCH REQUEST NO. W59XQG92861354		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1		
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)		
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED		
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS				
						13. MAIL INVOICES TO		See Block 15		
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER		
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.								
PURCHASE		Reference your _____ furnish the following on terms specified herein.								
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.										
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED				
If this box is marked, supplier must sign Acceptance and return the following number of copies:										
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE										
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT		
0046	7761022511/204G6/DUNKER			.0000/ .0000		LS	\$.00	\$.00		
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA			25. TOTAL		\$.00	
				BY:			29. DIFFERENCES			
				CONTRACTING/ORDERING OFFICER						
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 29-FEB-2000 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000003 [] PARTIAL [X] FINAL		28. D.O. VOUCHER NO.		30. INITIALS		
36. I certify this amount is correct and proper for payment DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER				31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL		32. PAID BY		33. AMT VERIFIED CORRECT FOR \$.00		
						34. CHECK NUMBER				
						35. BILL OF LADING NO.				
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 29-FEB-2000		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER		
							42. S/R VOUCHER NO.			

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA ACCOUNT NUMBER [REDACTED]

Page 44 of 58

INDIVIDUAL CARDHOLDER ACTIVITY

OARP:DEN	SVC:S	DARP:OMA	FR:SDG	DEP:021100			
02-07	DELTA AIR	0067761022681	OMAHA	NE	02-03	480.50	D
REF:	[REDACTED]	MCC:3058	PHONE:				
NM:	PETERSON/LIE	TKT:0067761022681	MVAT:		CVAT:	CC:	
OARP:OMA	SVC:Y	DARP:SLC	FR:YCA	DEP:020800			
OARP:SLC	SVC:Y	DARP:DEN	FR:YCA	DEP:020900			
OARP:DEN	SVC:Y	DARP:OMA	FR:YCA	DEP:021000			
02-07	DELTA AIR	0067761022686	OMAHA	NE	02-03	446.00	DI
REF:	[REDACTED]	MCC:3058	PHONE:				
NM:	HEARTY/BRIAN	TKT:0067761022686	MVAT:		CVAT:	CC:	
OARP:OMA	SVC:Y	DARP:SLC	FR:YCA	DEP:020800			
OARP:SLC	SVC:Y	DARP:OMA	FR:YCA	DEP:021000			
02-07	UNITED AIR	0167761022666	OMAHA	NE	02-03	420.00	DI
REF:	[REDACTED]	MCC:3000	PHONE:				
NM:	VANATTA/CATHY	TKT:0167761022666	MVAT:		CVAT:	CC:	
OARP:OMA	SVC:Y	DARP:DEN	FR:YCA	DEP:020800			
OARP:DEN	SVC:Y	DARP:OMA	FR:YCA	DEP:021000			
02-07	UNITED AIR	0167761022667	OMAHA	NE	02-03	420.00	DI
REF:	[REDACTED]	MCC:3000	PHONE:				
NM:	KEMMERER/DAVE	TKT:0167761022667	MVAT:		CVAT:	CC:	
OARP:OMA	SVC:Y	DARP:DEN	FR:YCA	DEP:020800			
OARP:DEN	SVC:Y	DARP:OMA	FR:YCA	DEP:021000			
02-07	TWA AIRLINE	0157761022669	OMAHA	NE	02-03	128.00	DI
REF:	[REDACTED]	MCC:3004	PHONE:				
NM:	GOUGER/TIM	TKT:0157761022669	MVAT:		CVAT:	CC:	
OARP:OMA	SVC:Y	DARP:STL	FR:YCA	DEP:020900			
OARP:STL	SVC:Y	DARP:OMA	FR:YCA	DEP:021100			
02-07	AGENT FEE	8908103157094	OMAHA	NE	02-03	4.44	DI
REF:	[REDACTED]	MCC:4511	PHONE:				
NM:	MUDAMBI/A	TKT:8908103157094	MVAT:		CVAT:	CC:	
OARP:XAA	SVC:Y	DARP:XAO	PREPAID TICKET FR:	DEP:020300			
02-07	AGENT FEE	8908103157096	OMAHA	NE	02-03	4.44	DI
REF:	[REDACTED]	MCC:4511	PHONE:				
NM:	VANATTA/C	TKT:8908103157096	MVAT:		CVAT:	CC:	
OARP:XAA	SVC:Y	DARP:XAO	PREPAID TICKET FR:	DEP:020300			
02-07	AGENT FEE	8908103157097	OMAHA	NE	02-03	4.44	DI
REF:	[REDACTED]	MCC:4511	PHONE:				
NM:	KEMMERER/D	TKT:8908103157097	MVAT:		CVAT:	CC:	
OARP:XAA	SVC:Y	DARP:XAO	PREPAID TICKET FR:	DEP:020300			

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 03-FEB-2000	
REQUEST FOR OFFICIAL TRAVEL							
2.NAME (Last,First,Middle Initial) SSN GOUGER, TIMOTHY P				3.POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4.OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5.ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6.PHONE NO. 402-293-2514	
7.TYPE OF ORDERS TEMPORARY DUTY		8.SECURITY CLEARANCE b.PROCEED O/A (DATE) 09-FEB-2000		9.PURPOSE OF TDY RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a.APPROX NO. DAYS OF TDY (Including travel time) 3							
11.ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 09-FEB-2000 AT 600 HRS TO : ST LOUIS MO MISSOURI DEPART ON 11-FEB-2000 AT 2000 HRS							
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14.ESTIMATED COST						15.ADVANCE AUTHORIZED	
PER DIEM	TRAVEL		OTHER		TOTAL	\$.00	
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 03-FEB-2000				18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 03-FEB-2000			
AUTHORIZATION							
19.ACCOUNTING CITATION 100%							
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE68113						21.DATE ISSUED 03-FEB-2000 22.TRAVEL ORDER NUMBER 002208G6	

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL		DATE ISSUED 03-FEB-2000
NAME (Last, First) GOUGER, TIMOTHY P		TRAVEL ORDER NUMBER 002208G6
16. REMARKS RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TICKET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT' OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.		

Action Edit Block Field Record Query Help

Obligation No: 99/2-13-2000 Delivery Order: NA Obligation LI: 0064
Amendment No: 1 Amend Date: 29-FEB-2000 Freight: Fast Pay:
Work Item: 002DCM Fund Account: C625294 Progress Pay:
Fund Citation: 96NAX3122 AMSCO: 015558 Resource: TRANSPER
Description: COMMERCIAL TRANSPORTATION MOA: C2 Allot: 2417 EOR: 21T1

<PGDN> To Execute RV Query

RV No	Customer Inv No	Schd Date	Disb Amount	DOV No	Check No	Pmt Meth
157	NATIONSBANK22399	06-MAR-2000		163161	597203	TCHEC

RR Invoice Progress Pmts RV AP Transaction Check Register
Prev Page Prev Next Query List Save Exit Next Page

Record: 1/1

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 997208

Check No Trace: 1800063608

Replacement No:

Pmt Method: TCHEC

DSSN: 8736

Ea?: ☐

Type: CONTRACT

FOA Code: G6

Check Date: 06-MAR-2000

Reference No: 99/2-13-2000

Amount: [REDACTED]

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: NATIONS BANK CARD SERVICE

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: RYE, MICHAEL T

Date Signed: 06-MAR-2000

Initial Signature: 9967002388221AEF380

Disbursing Officer's Signature: 5E7F5D726F3762F1380

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 13:43:07

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: IJ SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 02/12/2000

PAY PERIOD ENDING: 02/12/2000

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	01/30	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	02/10	02/11	02/12	Total
B06950							4.00	6.00	4.00	4.00	2.50			8.00	4.00					32.50
L35672																1.00	1.00			2.00
L35672							2.00		2.00	2.00	2.00				2.00	8.00	8.00	8.00		34.00
L63776							2.00	2.00	2.00	2.00	2.00				2.00					12.00
LEAVE																				1.50

*The above hours were ELECTRONICALLY SIGNED ON: 14-FEB-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:							8.00	8.00	8.00	8.00	8.00			8.00	8.00	9.00	9.00	8.00		82.00
------------------	--	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	-------

TOTAL HOURS REG= 78.50 HOL= OVT= 2.00 ALV= 1.50 OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 13:43:07

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/30/2000

LABOR-COST TO : 02/12/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
GOUGER T      [REDACTED]                                     82.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -  27-DEC-2000  - 13:43  -  SID G6CEPMP1  ***
*****
```

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 02/12/2000 PAY PERIOD ENDING: 02/12/2000

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	01/30	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	02/10	02/11	02/12	Total

B06950							4.00	6.00	4.00	4.00	2.50			8.00	4.00					32.50
L35672																1.00	1.00			2.00
L35672							2.00		2.00	2.00	2.00				2.00	8.00	8.00	8.00		34.00
L63776							2.00	2.00	2.00	2.00	2.00				2.00					12.00
LEAVE											1.50									1.50

*The above hours were ELECTRONICALLY SIGNED ON: 14-FEB-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	9.00	9.00	8.00			82.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	--	--	-------

TOTAL HOURS REG= 78.50 HOL= OVT= 2.00 ALV= 1.50 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[REDACTED]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[REDACTED]

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 13:43:31

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/30/2000

LABOR-COST TO : 02/12/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
GOUGER T      [REDACTED]                                     82.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -   27-DEC-2000   -   13:43   -   SID G6CEFMP1   ***
*****
```

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 02/12/2000

PAY PERIOD ENDING: 02/12/2000

CHARGE	WORK	HRS	SH	N	EV																
CODE	ITEM	TYP	CD	D	HZ	01/30	01/31	02/01	02/02	02/03	02/04	02/05	02/06	02/07	02/08	02/09	02/10	02/11	02/12	Total	
B06950							4.00	6.00	4.00	4.00	2.50			8.00	4.00					32.50	
L35672																1.00	1.00			2.00	
L35672							2.00		2.00	2.00	2.00			2.00	8.00	8.00	8.00			34.00	
L63776							2.00	2.00	2.00	2.00	2.00			2.00						12.00	
LEAVE											1.50									1.50	

*The above hours were ELECTRONICALLY SIGNED ON: 14-FEB-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 9.00 9.00 8.00 82.00

TOTAL HOURS REG= 78.50 HOL= OVT= 2.00 ALV= 1.50 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST TO : 02/12/2000

EMPLOYEE COUNT = 1

LABOR-COST FROM : 01/30/2000

GOUGER T

 *** END OF REPORT - 27-DEC-2000 - 13:44 - SID G6CEPMP1 ***

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 02/13/2000

LABOR-COST TO : 02/26/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
GOUGER T      [REDACTED]      84.00      Y
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*****
***  E N D   O F   R E P O R T   -  27-DEC-2000  - 13:44  -  SID G6CEFMP1  ***
*****
```

CIC #: 99EPA SUPERFUND
BILLED DATE 01-FEB-2000
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
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D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.

28020061
PARTIAL # 16 03-JAN-2000 THRU 01-FEB-2000

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

NA

96252

\$15,828.37

LINE ITEM

MOA

DESCRIPTION

000001 CONTRACT - OUTSIDE GOVERNMENT
000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

TRANSP OF GOVT EMPLOYEES OR OTHERS, PERDIEM ALLOW IN TVL STATUS & OTH INCIDENTAL TRVL EXP
PVT SCTR CONTRACTUAL CONSTRUCTION SERVICES (PLACEMENT)
DEPARTMENTAL OVERHEAD COSTS
GENERAL AND ADMINISTRATIVE OVERHEAD COSTS
LABOR

SUBTOTAL

PARTIAL AMOUNT PAID

\$15,828.37

PAYMENT DUE DATE 02-MAR-2000

PAY THIS AMOUNT

\$.00

FUNDS AUTHORIZED:
TOTAL BILLED AMOUNT:
PREVIOUS BILLED AMOUNT:
CURRENT BILLED AMOUNT:
TOTAL FLUX BILLED:
PREVIOUS FLUX BILLED:
CURRENT FLUX BILLED:

\$.00
\$.00
\$.00

DATE

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 21-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 01-2000

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
10-JAN-2000	W59XQG93487685	001427G6	NA	GOUGT3557	1	TRANSPER		
21-JAN-2000	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		

SUBTOTAL COST:

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
11-JAN-2000	L21275	05-JAN-2000							
14-JAN-2000	L21275	11-JAN-2000							
18-JAN-2000	L21275	10-JAN-2000							
18-JAN-2000	L35672	14-JAN-2000							
18-JAN-2000	L35672	15-JAN-2000							
28-JAN-2000	L35672	27-JAN-2000							

SUBTOTAL CO

TOTAL COST: \$15,828.37

*** E N D O F R E P O R T - 21-DEC-2001 - 10:50 - SID G6CEFMP1 ***

Action Edit Block Field Record Query ESIG Help

Trvl Order/Obli:	00142706	Fund Type:	F	SAACONS Site:	
Trvl Ord Amend:	0	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	10-JAN-2000
Vouch Amend No:	0	EAID:		Eff Date:	10-JAN-2000
Setlmnt Amend No:	0	Work Cat:	01A10	Resource Plan:	1
Line Item No:	1	Work Cat Elem:	99998	Cost Type:	WIP
Trvlr/Vendor ID:	GOUGT3557	Fund Work Item:	002DCL	Acct Phse:	ESA
Far Order No:	DW96947840-0560	Resource Code:	TRANSPER	TBO Disb:	N
Mgt Structure:	015558	MOA:	C2	Trans Type:	APR
Appropriation:				Period:	200001
Transaction ID:	2431123	EOR:	21T2	GL Not Posted?	
Source:	TRVLCERT				

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			
4232.00	C			213.57

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 4/?

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0			
1. PAYMENT REQUIRED BY		2. TYPE OF PAYMENT				3. FOR DO USE ONLY	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER		<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000158958	
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data	
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.		b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE	
8. TELEPHONE NUMBER 402-293-2514		9. TRAVEL ORDER NUMBER 001427G6 14Dec1999		10. PREVIOUS PAYMENTS/ADVANCES \$.00			
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)			
12. DEPENDENT(S) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED		14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO					
15. ITINERARY				d. COMPUTATIONS			
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded	POC MILES
2000							
01/04	DEP 0530	OMAHA / DOUGLAS NE NEBRASKA	TP				
01/04	ARR 0930	CHICAGO / COOK IL ILLINOIS		TD			
01/05	DEP 0800	CHICAGO / COOK IL ILLINOIS	TP				
01/05	ARR 0930	ST LOUIS MO MISSOURI		TD	50.00		
01/06	DEP 1418	ST LOUIS MO MISSOURI	TP				
01/06	ARR 1630	OMAHA / DOUGLAS NE NEBRASKA		MC			
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. REIMBURSABLE EXPENSES					17. LEAVE		
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS	
06Jan2000	CREDIT CARD ATM FEE		\$				
06Jan2000	MILEAGE TO/FROM AIRPORT		\$				
06Jan2000	PARKING FEES - AIRPORT		\$				
06Jan2000	TRANSPORTATION - TAXI		\$				
06Jan2000	TRANSPORTATION - SUBWAY		\$				
06Jan2000	LODGING TAXES		\$				
18. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> PASSENGER					19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)		
20. Long distance telephone calls are certified as necessary in the interest of the government. APPROVING OFFICER (31 USC 1348(b))					a. GTR/MTA NO.		b. FROM
					7691720101		OMAHA / DOUGLAS NE
					c. TO		
					7691720101		CHICAGO / COOK IL I
21. a. CLAIMANT SIGNATURE			b. DATE		22. a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS		b. DATE 07Jan2000
23. ACCOUNTING CLASS 100 % FUNDED							
24. COLLECTION DATA							
25. COMPUTED BY SHELIA DACQUISTO		26. AUDITED BY SHARION BRIGHTWEL		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 596413 11Jan2000	
						29. AMOUNT PAID \$213.57	

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.																																																																																																																																																								
1. PAYMENT REQUIRED BY (X one) CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER <input type="checkbox"/>		2. TYPE OF PAYMENT (X as applicable) TOY/TAO <input type="checkbox"/> PCS <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> DLA <input type="checkbox"/>		3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER																																																																																																																																																								
4. NAME (Last, First, Middle Initial) (Print or type) Gouger Timothy P		5. GRADE GS12		6. SSN [REDACTED]		b. SUBVOUCHER NUMBER																																																																																																																																																						
7. ADDRESS, a. NUMBER AND STREET [REDACTED]		b. CITY [REDACTED]		c. STATE [REDACTED]		d. ZIP CODE [REDACTED]																																																																																																																																																						
8. TELEPHONE NUMBER (include Area Code) (404)		9. TRAVEL ORDER NUMBER 001427 G6		10. PREVIOUS PAYMENTS/ADVANCES /		c. PAID BY																																																																																																																																																						
11. ORGANIZATION AND STATION CENTRO-CD-FL		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (include Zip Code) /		14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Explain in Remarks)																																																																																																																																																								
12. DEPENDENT(S) (X and complete as applicable) a. ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <input checked="" type="checkbox"/> a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE																																																																																																																																																												
15. ITINERARY																																																																																																																																																												
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SALES PERSON: 43
CUSTOMER NBR: 555101

ITINERARY/INVOICE NO. 9629910
VKASVO

DATE: 28 DEC 9
PAGE: 01

TO: PICKUP 03JAN

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIM

REF: CTAORD,996252.COEOMA

04 JAN 05 - TUESDAY

AIR AMERICAN AIRLINES FLT:4246 ECONOMY
OPERATED BY AMERICAN EAGLE
LV OMAHA

621A

EDF: EMBAER 145 JET

01HR 22MIN

AR CHICAGO OHARE

743A

NON-STOP

ARRIVE: TERMINAL 3

REF: VKASVO

GOUGER/TIM

SEAT-15A

MCO

XD5058978654

BILLED TO

4.44

AIR TICKET AA7691720101

GOUGER TIM

ELEC TKT

BILLED TO

147.50

SUB TOTAL

151.94

NET CC BILLING

151.94

TOTAL AMOUNT DUE

0.00

X ----- INFORMATION FOR ARMY TRAVELERS -----

IF YOU NEED TO CONTACT THE ARMY MILITARY LODGING

RESERVATION CENTER DIRECT, THE PHONE NUMBER IS

1-800-60 ARMY 1 OR 800-462-7691. --LODGING ONLY--

XX

FOR ASSISTANCE WHILE ENROUTE. AFTER NORMAL BUSINESS

HOURS CALL OUR 24HR SERVICE CENTER AT 1-800-238-5999.

TICKET RECEIVED

CLIENT SIGNATURE.....

YOUR PERSONAL ID CODE IS 51014/070

THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL

FOR EMERGENCIES DURING BUSINESS HOURS.

PLEASE CALL 1-800-945-0535

FARE-A43 NDCORD

CAR DECLINED//13DEC

YOUR CREDIT CARD STATEMENT.

YOUR CREDIT CARD STATEMENT.

THE REVENUE RECOVERY FEE WILL APPEAR SEPARATELY ON

YOUR CREDIT CARD STATEMENT.

THE REVENUE RECOVERY FEE IS A NON-REFUNDABLE CHARGE.

CONTINUED ON PAGE 2

PCS WT UNCKD BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL
0 001 7691720101 6
AA28926122

IT IS UNLAWFUL TO PURCHASE OR RESALE THIS TICKET PROMOTING ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.



Name & Address

Mr. & Mrs. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Room 112
Arrive Date 11-15-78
Dept. Date 11-16-78
Folio #
Room Rate 11.00
Account 1-1111
Mkt/Seg 1-11

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
11-15-78	111	11111	111	Room 112	11.00		11.00
11-15-78	111	11111	111	Tax 1.00	1.00		12.00
11-15-78	111	11111	111	Tip 1.00	1.00	12.00	

ACCT. NO. [REDACTED]
CARD MEMBER NAME [REDACTED]
ESTABLISHMENT NO. & LOCATION [REDACTED]
CARD MEMBER'S SIGNATURE X [Signature]

DATE OF CHARGE 11-15-78	FOLIO NO./CHECK NO. 1111
AUTHORIZATION [Signature]	I.D. [Signature]
PURCHASES & SERVICES [REDACTED]	
TOTAL AMOUNT	[REDACTED]

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21							1. DATE OF REQUEST 14-DEC-1999	
REQUEST FOR OFFICIAL TRAVEL								
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12				
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 293-2500		
7. TYPE OF ORDERS TEMPORARY DUTY			8. SECURITY CLEARANCE		9. PURPOSE OF TDY RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 3			10b. PROCEED O/A (DATE) 04-JAN-2000					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED								
LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 04-JAN-2000 AT 530 HRS TO : CHICAGO / COOK IL ILLINOIS DEPART ON 06-JAN-2000 AT 2000 HRS								
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE								
COMMERCIAL RAIL AIR BUS SHIP			GOVERNMENT AIR VEHICLE SHIP			PRIVATELY OWNED CONVEYANCE (Check one)		
AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)			RATE PER MILE: <input type="checkbox"/> More advantageous to government <input checked="" type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.					
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)								
14. ESTIMATED COST							15. ADVANCE AUTHORIZED	
PER DIEM		TRAVEL		OTHER		TOTAL		\$.00
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT. TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.								
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 14-DEC-1999					18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 14-DEC-1999			
AUTHORIZATION								
19. ACCOUNTING CITATION <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="float: right;">100%</div>								
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						OR AUTHENTICATION SUPPORT ASSISTANT (OA)		
						21. DATE ISSUED 14-DEC-1999		
						22. TRAVEL ORDER NUMBER 001427G6		

001427G6

Action Edit Block Field Record Query ESIQ Help

Assigned Check No: 596413

Check No Trace: 1800059707

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?: ☐

Type: TRV SETLMT

FOA Code: G6

Check Date: 11-JAN-2000

Reference No: 001427G6

Amount: 213.57

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P GOUGER

Certified By: WITT, DENNY R

Date Signed: 11-JAN-2000

Initial Signature: 56A0A642BCBE152B387

Disbursing Officer's Signature: 387B4A1C

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Press F2 to enter a query.

Record: 1/?

Action Edit Block Field Record Query ESIG Help

Obli No:	00045-98-D-0004	Fund Type:	F	Fast Pay:	N	Reversal:	
Deliv Order No:	0006	Approp Status:	C	Rcvr:	S. SCHMIDT		
Line Item No:	0001	Approp Type:	C	Debtor Bill No:			
Rec Rpt No:	11	EAD:		MOA:	C2	Acct Phase:	B5A
Invoice No:	11	Accrual:		EOR:	3200	Trans Date:	21-JAN-2000
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	21-JAN-2000		
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:			
Resource Plan:	1	Work Cat:	331R0	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?		
Appropriation:				Period:	200001		
Transaction Id:	2461396	GL Corr Id:	AP414	GL Not Posted?:			
Prop Cat Code:		Source:	FORM93	TBO Rpt:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			11567.42

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Record: 8/7

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order No: 0006 Inv No: 11
Description: SAUGET SITE ONE SF, ST. LOUIS, IL Period: 200012
Inv Reference No: 0000199-26NOV99 #10 Discount Days: Percent:
Inv Date: 20-JAN-2000 TFO Indicator: Inv Recv'd Date: 20-JAN-2000
Pmt Address ID: 000015101 F&A Received Date: 20-JAN-2000 Final Payment:
Pmt Office ID: 1 Release of Claims: Notice To Proceed: Y

Line Item:	0001	Refund?		*** This INV ***	*** All INV's ***
SERVICES:	COST-PLUS-FIXED-FEE SAUGET SITE	Qty:			0
Qty Ordered:	0	Unit Price:			
Amt Ordered:	302158.28	Gross Amt:			266932.86
Pay Estimate No:	11	Retainage Pct:	.00		
Total Estimates:	16	Retainage Amt:	.00		.00
		Other Deductions:	.00		.00
Program Mgr Signor		Retainage Refund:			.00
7C6DB02CAC7ECB75388		Other Deduct Refund:			.00
C.O.R. Signor		Liq. Damages:			.00
CADCED9E6F612285388		Line Item Amt:			266932.86

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Record: 11/?

Action Edit Block Field Record Query ESIG Help

Obligation No: **DACA45-98-D-0004** Delivery Order: **0006** Obligation LI: **0001** Freight: ☐
 Amend No: **R00002** Amend Date: **31-MAR-2000** Fast Pay: **N**
 Work Item: **002X25** Fund Account: **G625294** Progress Pay: **Y**
 Fund Citation: **96NAX3122** AMSCO: **015558** Resource: **CONSTSVCS**
 Description: **SAUGET SITE ONE SF, ST. LOUIS, I** MOA: **C2** Allot: **2417** EOR: **3200**

<PGDII> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	14JAN99-26FEB99 #1	12-MAY-1999		135175	167233	EFT
2	03APR99-30APR99 #3	22-JUN-1999		138986	407723	TCHEC
3	27FEB99-02APR99 #2	22-JUN-1999		138987	407724	TCHEC
4	01MAY99-28MAY99 #4	28-JUL-1999		142561	286345	EFT
5	29MAY99-02JUL99 #5	20-AUG-1999		144831	320102	EFT
6	03JUL99-30JUL99 #6	25-AUG-1999		145954	331474	EFT
7	31JUL99-27AUG99 #7	08-OCT-1999		149977	425431	EFT
8	28AUG99-01OCT99 #8	19-NOV-1999		154960	505583	EFT
9	02OCT99-29OCT99 #9	19-NOV-1999		154961	505600	EFT
10	30OCT99-26NOV99 #10	24-JAN-2000		160381	612499	EFT

☐ RR ☐ Invoice ☐ Progress Pmts ☐ RV ☐ AP Transaction ☐ Check Register

Record: 1/?

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 612499

Check No Trace: 1800060432

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: G6

Check Date: 24-JAN-2000

Reference No: DACA45-98-D-0004

Amount:

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: AUTRY, SHIRLEY LE

Date Signed: 24-JAN-2000

Initial Signature: 5444CCF054932F18388

Disbursing Officer's Signature: 388C76F7

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Press F2 to enter a query.

Record: 1/?

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 01/15/2000

PAY PERIOD ENDING: 01/15/2000

CHARGE	WORK	HRS	SH	N	EV	01/02	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	01/14	01/15	Total
L21275									4.00											4.00
L57764								4.00												4.00
L63000								4.00	4.00		2.00									10.00
LEAVE							8.00			8.00	6.00									22.00

*The above hours were ELECTRONICALLY SIGNED ON: 11-JAN-2000

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B06749																8.00				8.00
L21275												8.00								8.00
L27072																	8.00			8.00
L57764												8.00								8.00
L63000																8.00				8.00

*The above hours were ELECTRONICALLY SIGNED ON: 14-JAN-2000

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	8.00		80.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	------	--	-------

TOTAL HOURS	REG=	58.00	HOL=		OVT=		ALV=		OLV=		NON=	22.00
SP-RATE-HRS=												

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[REDACTED]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/02/2000

LABOR-COST TO : 01/15/2000

EMPLOYEE COUNT = 1

```

*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L  TOTAL  CERTIFIED
SP-RATE      SP-RATE
*****
BERAN E      [REDACTED]  80.00  Y
    
```

```

*****
***  E N D   O F   R E P O R T   -  27-DEC-2000  - 13:35  -  SID G6CEPMP1  ***
*****
    
```

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME:BERAN E

FLSA: E CUTOFF DATE IS: 01/15/2000 PAY PERIOD ENDING: 01/15/2000

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	01/02	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	01/14	01/15	Total

L21275									4.00											4.00
L57764								4.00												4.00
L63000								4.00	4.00		2.00									10.00
LEAVE						8.00				8.00	6.00									22.00

*The above hours were ELECTRONICALLY SIGNED ON: 11-JAN-2000
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B06749																8.00				8.00
L21275												8.00								8.00
L27072																	8.00			8.00
L57764													8.00							8.00
L63000															8.00					8.00

*The above hours were ELECTRONICALLY SIGNED ON: 14-JAN-2000
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	80.00
TOTAL HOURS		REG=	58.00	HOL=	OVT=	ALV=	OLV=	NON=	22.00				
SP-RATE-HRS=													

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[REDACTED]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/02/2000

LABOR-COST TO : 01/15/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED	
	SP-RATE		SP-RATE						

BERAN E							80.00	Y	

*** END OF REPORT - 27-DEC-2000 - 13:35 - SID G6CEPMP1 ***

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED05
NAME: CONNEALY D

FLSA: E CUTOFF DATE IS: 01/15/2000 PAY PERIOD ENDING: 01/15/2000

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	01/02	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	01/14	01/15	Total

B06749							3.00	6.00	3.00	4.00	3.00			4.00	4.00	2.00	3.00	3.00		35.00
L21275														1.00						1.00
L57764														1.00						1.00
L58397								2.00												2.00
L58915																2.00				2.00
L59012																	3.00			3.00
L59015						4.00										4.00				8.00
L59816						1.00								1.00						2.00
L60129										5.00										5.00
L61892																		3.00		3.00
L62818									4.00											4.00
L62860									1.00											1.00
L62985																		2.00		2.00
L63000														2.00						2.00
L63185										4.00										4.00
L63290															3.00					3.00
LEAVE																	2.00			2.00

*The above hours were ELECTRONICALLY SIGNED ON: 18-JAN-2000
BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:		8.00	8.00	8.00	8.00	8.00				8.00	8.00	8.00	8.00	8.00	80.00
TOTAL HOURS		REG=	78.00	HOL=		OVT=		ALV=	2.00	OLV=		NON=			
SP-RATE-HRS=															

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

[REDACTED]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/02/2000 LABOR-COST TO : 01/15/2000
EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
	SP-RATE		SP-RATE					

CONNEALY D							80.00	Y

*** END OF REPORT - 27-DEC-2000 - 13:36 - SID G6CEFMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 01/15/2000

PAY PERIOD ENDING: 01/15/2000

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	01/02	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	01/14	01/15	Total
B06950							8.00				6.00			8.00	6.00	4.00	6.00	4.00		42.00
L35672																			10.00	10.00
L35672								8.00	8.00	8.00	2.00				2.00	4.00	2.00	4.00		38.00

*The above hours were ELECTRONICALLY SIGNED ON: 18-JAN-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 10.00 90.00

TOTAL HOURS REG= 80.00 HOL= OVT= 10.00 ALV= OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/02/2000

LABOR-COST TO : 01/15/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
GOUGER T      [REDACTED]                                     90.00      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -  27-DEC-2000 - 13:36 - SID G6CEFPMP1  ***
*****
```

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 13:37:13

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 01/15/2000

PAY PERIOD ENDING: 01/15/2000

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	01/02	01/03	01/04	01/05	01/06	01/07	01/08	01/09	01/10	01/11	01/12	01/13	01/14	01/15	Total
B06950							8.00			6.00			8.00	6.00	4.00	6.00	4.00			42.00
L35672																			10.00	10.00
L35672							8.00	8.00	8.00	2.00			2.00	4.00	2.00	4.00				38.00

*The above hours were ELECTRONICALLY SIGNED ON: 18-JAN-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	10.00	90.00
------------------	--	--	--	--	--	------	------	------	------	------	--	--	------	------	------	------	------	-------	-------

TOTAL HOURS REG= 80.00 HOL= OVT= 10.00 ALV= OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/02/2000

LABOR-COST TO : 01/15/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE              SP-RATE
*****
GOUGER T      [REDACTED]                                     90.00      Y
*****
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*****
***  E N D   O F   R E P O R T   -   27-DEC-2000 - 13:37   -   SID G6CEFPMP1   ***
*****
```

Action Edit Block Field Record Query ESIG Help

Charge Code:	L35672	Dispute Charge:	NA
Transaction Date:	28-JAN-2000	Source of Dispute:	
Effective Date:	28-JAN-2000	For Pay:	11BB
Work Date:	27-JAN-2000	For Benefits:	12AB
Employee Id No:	00023557	Employee's Org Code:	G6M1JRO
Home Work Item:	RF6102	CONSTRUCTION	
Ordering Work Item:	002DCM		

No of Hours: 2

Spec Rate: 0.00

Type: RG

Shift: 0

Labor: [REDACTED]

Env Haz Oth: [REDACTED]

Night Diff: N

Add on Factors:

General Overhead: [REDACTED]

Indirect: [REDACTED]

Total Labor Cost: 135.79

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Record: 1/1

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 13:37:58

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 01/29/2000

PAY PERIOD ENDING: 01/29/2000

```

*****
CHARGE WORK HRS SH N EV
CODE ITEM TYP CD D HZ 01/16 01/17 01/18 01/19 01/20 01/21 01/22 01/23 01/24 01/25 01/26 01/27 01/28 01/29 Total
*****
B00667 [REDACTED] 8.00 8.00 8.00 24.00
B06950 [REDACTED] 8.00 7.50 6.00 8.00 37.50
L35672 [REDACTED] 2.00 2.00
LEAVE [REDACTED] 8.00 8.00
LEAVE [REDACTED] 8.00 0.50 8.50

```

*The above hours were ELECTRONICALLY SIGNED ON: 28-JAN-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B06950 001TPG OU 0 5.00 5.00

*The above hours were ELECTRONICALLY SIGNED ON: 14-FEB-2000

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

```

*****
Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 5.00 85.00

```

TOTAL HOURS REG= 63.50 HOL= OVT= 5.00 ALV= OLV= NON= 16.50

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[REDACTED]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/16/2000

LABOR-COST TO : 01/29/2000

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR SP-RATE	HOLLIDAY	OVERTIME SP-RATE	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED
GOUGER T							85.00	Y

*** END OF REPORT - 27-DEC-2000 - 13:37 - SID G6CEFMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 03-JAN-2000
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)
RAPID RESPONSE AT SAUGET AREA, IL IL980792006

PAGE NO. 001

* ACCOUNTS OF *
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D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.

28019266
PARTIAL # 15 01-DEC-1999 THRU 03-JAN-2000

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

NA

LINE ITEM

MOA

DESCRIPTION

000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

TRANSP OF GOVT EMPLOYEES OR OTHERS, PERDIEM ALLOW IN TVL STATUS & OTH INCIDENTAL TRVL EXP
DEPARTMENTAL OVERHEAD COSTS
GENERAL AND ADMINISTRATIVE OVERHEAD COSTS
LABOR

SUBTOTAL

PARTIAL AMOUNT PAID

\$4,619.97

PAYMENT DUE DATE 02-FEB-2000

PAY THIS AMOUNT

\$.00

FUNDS AUTHORIZED:
TOTAL BILLED AMOUNT:
PREVIOUS BILLED AMOUNT:
CURRENT BILLED AMOUNT:
TOTAL FLUX BILLED:
PREVIOUS FLUX BILLED:
CURRENT FLUX BILLED:

\$.00
\$.00
\$.00

DATE

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 20-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 12-1999

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
14-DEC-1999	W59XQG92881724	99/11-13-1999	NA		0063	TRANSPER		
16-DEC-1999	W59XQG93437309	001374G6	NA		1	TRANSPER		
21-DEC-1999	W59XQG93437309	99/12-13-1999	NA		0145	TRANSPER		
SUBTOTAL COST:								\$665.12

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
06-DEC-1999	L35672	03-DEC-1999							
06-DEC-1999	L35672	30-NOV-1999							
16-DEC-1999	L35672	17-DEC-1999							
22-DEC-1999	L21275	27-DEC-1999							
SUBTOTAL CO									
TOTAL COST:									\$4,619.97

*** END OF REPORT - 20-DEC-2001 - 12:23 - SID G6CEFMP1 ***

Action Edit Block Field Record Query ESIG Help

Obli No:	99/11-13-1999	Fund Type:	F	Fast Pay:	<input type="checkbox"/>	Reversal:	<input type="checkbox"/>
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER		
Line Item No:	0063	Approp Type:	?	Debtor Bill No:			
Rec Rpt No:		EAID:		MOA:	C2	Acct Phase:	B5A
Invoice No:		Accrual:		EOR:	21T1	Trans Date:	14-DEC-1999
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	14-DEC-1999		
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:			
Resource Plan:	1	Work Cat:	01A10	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:			
Appropriation:				Period:	199912		
Transaction Id:	2389271	GL Corr Id:	AP910	GL Not Posted?:	<input type="checkbox"/>		
Prop Cat Code:		Source:	GTRRECV	TBO Rpt:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			297.50

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Record: 10/?

Action Edit Block Field Record Query ESIQ Help

Travel Order No: 000332C6

Employee: TIMOTHY P GOUGER

Travel Order Date: 15-OCT-1999

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obli Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
000332C6	1	NON-GTR TRAVE	002DCL	21T2			0.00
99/11-13-1999	0063	7677703620/33	002DCL	21T1			0.00

View Funding

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Query

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Save

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Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/11-13-1999		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 13-DEC-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG92811049		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO See Block 15			
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE				DATE SIGNED	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	7674425479/90G6/HAPFKE			.0000/		.0000	LS	\$.00	
0002	7674425480/145G6/MADSEN, P			.0000/		.0000	LS	\$.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA			25. TOTAL		\$26,079.64
				BY: _____			29. DIFFERENCES		
				CONTRACTING/ORDERING OFFICER					
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 14-DEC-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000001		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS	
				[] PARTIAL [X] FINAL		32. PAID BY 8736		33. AMT VERIFIED CORRECT FOR \$447.50	
36. I certify this amount is correct and proper for payment				31. PAYMENT				34. CHECK NUMBER 0000553147	
				[] COMPLETE [] PARTIAL [] FINAL		20-DEC-99		35. BILL OF LADING NO.	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER									
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 14-DEC-1999		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER	
								42. S/R VOUCHER NO.	

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	7674425481/29G6/OHNSTAD	.0000/	.0000	LS	\$378.00
0004	7674425482/153G6/MELLEMA	.0000/	.0000	LS	\$378.00
0005	7674425483/144G6/KELLY	.0000/	.0000	LS	\$710.00
0006	7674425485/37G6/VULCAN	.0000/	.0000	LS	\$277.00
0007	7674425489/42G6/DARLING	.0000/	.0000	LS	\$648.00
0008	7674425492/1G6/LEAHY	.0000/	.0000	LS	\$453.75
0009	7674425493/105G6/LAWSON	.0000/	.0000	LS	\$396.50
0011	7677703508/192G6/SPENCE	.0000/	.0000	LS	\$648.00
0012	7677703517/89G6/WAGNER, G	.0000/	.0000	LS	\$316.00
0013	7677703518/34G6/TILLOTSON	.0000/	.0000	LS	\$403.50
0014	7677703519/157G6/MCCLENATHAN	.0000/	.0000	LS	\$338.50
0015	7677703521/86G6/POPELKA	.0000/	.0000	LS	\$208.25
0016	7677703522/195G6/BOCKERMAN	.0000/	.0000	LS	\$419.50
0017	7677703534/203G6/MARTIN, K	.0000/	.0000	LS	\$419.50
0018	7677703538/39/20G6/HENNINGSEN	.0000/	.0000	LS	\$449.75
0019	7677703540/41/35G6/BARNUM	.0000/	.0000	LS	\$449.75
0020	7677703545/54G6/KIRSCHBAUM	.0000/	.0000	LS	\$453.75
0021	7677703546/172G6/BERAN	.0000/	.0000	LS	\$648.00
0022	7677703550/209G6/OTTO, B	.0000/	.0000	LS	\$414.70
0023	7677703550/209G6/OTTO, B	.0000/	.0000	LS	\$223.30
0024	7677703550/51/200G6/OLSON, D	.0000/	.0000	LS	\$393.90
0025	7677703550/51/200G6/OLSON, D	.0000/	.0000	LS	\$212.10
0026	7677703555/208G6/COOK, S	.0000/	.0000	LS	\$449.75
0027	7677703556/188G6/MAVIS	.0000/	.0000	LS	\$419.50
0028	7677703557/196G6/ROZA	.0000/	.0000	LS	\$447.50
0029	7677703566/28G6/ROUMPH	.0000/	.0000	LS	\$447.50
0030	7677703569/212G6/BALDWIN	.0000/	.0000	LS	\$212.00
0031	767703575G6/224G6/ROZA	.0000/	.0000	LS	\$449.75
0032	7677703579/32G6/SHIRK	.0000/	.0000	LS	\$274.25
0033	7677703582/150G6/GORTON	.0000/	.0000	LS	\$304.50
0034	7677703583/204G6/BARRY	.0000/	.0000	LS	\$158.00
0035	7677703584/173G6/PETERSON, J	.0000/	.0000	LS	\$601.25
0036	7677703586/183G6/HEARTY	.0000/	.0000	LS	\$601.25
0037	7677703589/695G6/MCNULTY	.0000/	.0000	LS	\$799.40
0038	7677703593/94/245G6/PLOURDE	.0000/	.0000	LS	\$449.75
0039	7677703598/184G6/GRODE	.0000/	.0000	LS	\$852.00
0040	7677703500/325G6/CIRIAN	.0000/	.0000	LS	\$297.00
0041	7677703601/193G6/PROSUCH	.0000/	.0000	LS	\$219.00
0042	7677703602/309G6/HERRING	.0000/	.0000	LS	\$378.00
0043	7677703604/319G6/TIMP	.0000/	.0000	LS	\$606.00
0044	7677703606/307G6/GORUP, B	.0000/	.0000	LS	\$395.50
0045	7677703608/314G6/CINTRON	.0000/	.0000	LS	\$378.00
0046	7677703609/29G6/ENGELBART	.0000/	.0000	LS	\$.00
0047	7677703610/290G6/KISSINGER	.0000/	.0000	LS	\$464.00
0048	7677703611/291G6/BECKER, D	.0000/	.0000	LS	\$391.50
0049	7677703613/216G6/WILLIAMS	.0000/	.0000	LS	\$345.50
0050	7677703615/299G6/MUDAMBI	.0000/	.0000	LS	\$208.00
0051	7677703619/343G6/HARTLEY	.0000/	.0000	LS	\$316.00
0052	7677703624/24G6/HINES	.0000/	.0000	LS	\$378.00
0053	7677703625/239G6/GRABOWSKI	.0000/	.0000	LS	\$404.00
0054	7677703630/333G6/KURMEL	.0000/	.0000	LS	\$430.75
0055	7677703631/334G6/BETTS	.0000/	.0000	LS	\$430.75
0056	7677703632/336G6/NEBUDA	.0000/	.0000	LS	\$430.75
0057	7677703633/227G6/CARPENTER	.0000/	.0000	LS	\$611.00
0058	7677703637/249G6/BRANDON	.0000/	.0000	LS	\$480.75
0059	7677703641/241G6/CARRIG	.0000/	.0000	LS	\$404.00

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0060	7677703642/322G6/HINKLE	.0000/	.0000	LS	\$241.50
0061	7677703651/246G6/KANE	.0000/	.0000	LS	\$866.99
0062	7677703552/180G6/KASPRISIN	.0000/	.0000	LS	\$241.50
0063	7677703620/332G6/GOUGER	.0000/	.0000	LS	\$297.50

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA

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INDIVIDUAL CARDHOLDER ACTIVITY

10-18	AMERICAN AIR0017677703601OMAHA	NE	10-15	219.00	DR
REF: [REDACTED] MCC:3001 PHONE:					
NM:PROSUCH/SCOTT TKT:0017677703601 MVAT: CVAT: CC:					
OARP: COS SVC:Y DARP:DFW FR:YCADCA DEP:101799					
OARP:DFW SVC:Y DARP:DCA FR:YCADCA DEP:101799					
OARP:DCA SVC:Y DARP:DFW FR:YCADCA DEP:102699					
OARP:DFW SVC:Y DARP: COS FR:YCADCA DEP:102699					
10-18	AMERICAN AIR0017677703610OMAHA	NE	10-15	464.00	DR
REF: [REDACTED] MCC:3001 PHONE:					
NM:KISSINGER/RICHARD TKT:0017677703610 MVAT: CVAT: CC:					
OARP:OMA SVC:K DARP:ORD FR:K26D DEP:101899					
OARP:ORD SVC:K DARP:PVD FR:K26D DEP:101899					
OARP:PVD SVC:Q DARP:ATL FR:Q DEP:102199					
OARP:ATL SVC:Q DARP:OMA FR:Q DEP:102199					
10-18	AMERICAN AIR0017677703619OMAHA	NE	10-15	316.00	DR
REF: [REDACTED] MCC:3001 PHONE:					
NM:HARTLEY/JOHN TKT:0017677703619 MVAT: CVAT: CC:					
OARP:OMA SVC:Y DARP:DFW FR:YCA DEP:101899					
OARP:DFW SVC:Y DARP:SHV FR:YCA DEP:101899					
OARP:SHV SVC:Y DARP:DFW FR:YCA DEP:102999					
OARP:DFW SVC:Y DARP:OMA FR:YCA DEP:102999					
10-18	UNITED AIR 0167677703620OMAHA	NE	10-15	297.50	DR
REF: [REDACTED] MCC:3000 PHONE:					
NM:GOUGER/TIMOTHY TKT:0167677703620 MVAT: CVAT: CC:					
OARP:OMA SVC:Y DARP:ORD FR:YCA DEP:101999					
OARP:ORD SVC:Y DARP:OMA FR:YCA DEP:101999					
10-18	UNITED AIR 0167677703625OMAHA	NE	10-15	404.00	DR
REF: [REDACTED] MCC:3000 PHONE:					
NM:GRABOWSKI/RICHARD TKT:0167677703625 MVAT: CVAT: CC:					
OARP:OMA SVC:Y DARP:ORD FR:YCA DEP:101899					
OARP:ORD SVC:Y DARP:SBN FR:YCA DEP:101899					
OARP:SBN SVC:Y DARP:ORD FR:YCA DEP:102999					
OARP:ORD SVC:Y DARP:OMA FR:YCA DEP:102999					
10-18	UNITED AIR 0167677703641OMAHA	NE	10-15	404.00	DR
REF: [REDACTED] MCC:3000 PHONE:					
NM:CARRIG/JANIE TKT:0167677703641 MVAT: CVAT: CC:					
OARP:OMA SVC:Y DARP:ORD FR:YCA DEP:101899					
OARP:ORD SVC:Y DARP:SBN FR:YCA DEP:101899					
OARP:SBN SVC:Y DARP:ORD FR:YCA DEP:102999					
OARP:ORD SVC:Y DARP:OMA FR:YCA DEP:102999					
10-18	AMTRAK 5547677703615OMAHA	NE	10-15	208.00	DR
REF: [REDACTED] MCC:4112 PHONE:					
NM:MUDAMBI/A TKT:5547677703615 MVAT: CVAT: CC:					
OARP:WAS SVC:Y DARP:NYP FR: DEP:101899					

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 15-OCT-1999	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 1		b. PROCEED O/A (DATE) 19-OCT-1999					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 19-OCT-1999 AT 600 HRS TO : CHICAGO / COOK IL ILLINOIS DEPART ON 19-OCT-1999 AT 2300 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government <input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM	TRAVEL		OTHER		TOTAL		\$.00
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 15-OCT-1999				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 15-OCT-1999			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="float: right;">100%</div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK PORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						21. DATE ISSUED 15-OCT-1999 22. TRAVEL ORDER NUMBER 000332G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
15-OCT-1999

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
000332G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TICKET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

Action Edit Block Field Record Query Help

Obligation No: 99/11-13-1999 Delivery Order: NA Obligation L#: 0063
Amendment No: 1 Amend Date: 15-DEC-1999 Freight: Fast Pay:
Work Item: 002DCM Fund Account: G625294 Progress Pay:
Fund Citation: 96NAX3122 AMSCO: 015558 Resource: TRANSPER
Description: COMMERCIAL TRANSPORTATION MOA: C2 Allot: 2417 EOR: 21T1

<PGDN> To Execute RV Query

RV No	Customer Inv No	Schd Date	Disb Amount	DOV No	Check No	Pmt Meth
51	NATIONSBANK 22399	20-DEC-1999		157928	553147	TCHEC

RR Invoice Progress Pmts RV AP Transaction Check Register
Prev Page Prev Next Query List Save Exit Next Page

Record: 1/1

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 553147 Check No Trace: 1800058690
Replacement No: Pmt Method: TCHRC DSSN: 8736 Ea?: ☐
Type: CONTRACT FOA Code: C6
Check Date: 20-DEC-1999 Reference No: 99/11-13-1999
Amount: Currency: US
Status: PRINTED FC Amount: .000000
Payee: NATIONS BANK CARD SERVICE
P O BOX 650785
DALLAS, TX 75265-0785

Certified By: RYE, MICHAEL T

Date Signed: 20-DEC-1999

Initial Signature: C412CCB6BCB166BB385

Disbursing Officer's Signature: 9B9F563B853DF1BD385

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Press F2 to enter a query.

Record: 1/1



Action Edit Block Field Record Query ESIG Help

Trvl Order/Obli:	00137408	Fund Type:	F	SAACONS Site:	
Trvl Ord Amend:	0	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	16-DEC-1999
Vouch Amend No:	0	EAID:		Eff Date:	16-DEC-1999
Setlmt Amend No:	0	Work Cat:	01A10	Resource Plan:	1
Line Item No:	1	Work Cat Elem:	99998	Cost Type:	WIP
Trvlr/Vendor ID:	GOUGT3557	Fund Work Item:	002DCL	Acct Phse:	E5A
Far Order No:	DW96947840-0560	Resource Code:	TRANSPER	TBO Disb:	N
Mgt Structure:	015558	MOA:	C2	Trans Type:	APR
Appropriation:				Period:	199912
Transaction ID:	2396739	EOR:	21T2	GL Not Posted?	<input type="checkbox"/>
Source:	TRVLCERT				

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			240.12
4232.00	C			240.12

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Record: 5/?

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0			
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA <input type="checkbox"/> OTHER			
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data	
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE d. ZIP CODE	
8. TELEPHONE NUMBER 402-293-2514		9. TRAVEL ORDER NUMBER 001374G6 09Dec1999		10. PREVIOUS PAYMENTS/ADVANCES \$.00			
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O							
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)			
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO			
15. ITINERARY							
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded	POC MILES
1999							
12/14	DEP 0700	OMAHA / DOUGLAS NE NEBRASKA	TP				
12/14	ARR 0930	ST LOUIS MO MISSOURI		TD	50.00		
12/15	DEP 1730	ST LOUIS MO MISSOURI	TP				
12/15	ARR 1940	OMAHA / DOUGLAS NE NEBRASKA		MC			
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. REIMBURSABLE EXPENSES					17. LEAVE		
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS	
15Dec1999	CREDIT CARD ATM FEE		\$				
15Dec1999	GAS		\$				
15Dec1999	MILEAGE TO/FROM AIRPORT		\$		c. TAKEN BETWEEN		
15Dec1999	PARKING FEES - AIRPORT		\$		d. AND		
15Dec1999	RENTAL CAR		\$				
15Dec1999	LODGING TAXES		\$				
18. POC TRAVEL: <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> PASSENGER					19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)		
20. Long distance telephone calls are certified as necessary in the interest of the government. APPROVING OFFICER (31 USC 1348(b))					a. GTR/MTA NO.	b. FROM	c. TO
					7689233934	OMAHA / DOUGLAS NE	ST LOUIS MO MISSOUR
21.a. CLAIMANT SIGNATURE			b. DATE	22.a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS			b. DATE 16Dec1999
23. ACCOUNTING CLASS <div style="background-color: black; width: 500px; height: 15px; margin: 5px 0;"></div> 100 % FUNDED							
24. COLLECTION DATA							
25. COMPUTED BY SHELIA DACQUISTO	26. AUDITED BY JUDITH MORGAN	27. TRVL ORD POSTED BY	28. RECEIVED (Payee signature and date or check no.) 565604 17Dec1999			29. AMOUNT PAID \$240.12	

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.			
1. PAYMENT REQUIRED BY (X one)		2. TYPE OF PAYMENT (X as applicable)		3. FOR D.O. USE ONLY			
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK		<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS		a. D.O. VOUCHER NUMBER			
ELECTRONIC FUND TRANSFER		OTHER		b. SUBVOUCHER NUMBER			
4. NAME (Last, First, Middle Initial) (Print or type)		5. GRADE		6. SSN		c. PAID BY	
Gauger Timothy P		GS12		[REDACTED]			
7. ADDRESS, a. NUMBER AND STREET		b. CITY		c. STATE		d. ZIP CODE	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
8. TELEPHONE NUMBER (include Area Code)		9. TRAVEL ORDER NUMBER		10. PREVIOUS PAYMENTS/ADVANCES			
[REDACTED]		00137466		[REDACTED]			
11. ORGANIZATION AND STATION		12. DEPENDENT(S) (X and complete as applicable)		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (include Zip Code)			
CENHO-CPFC				[REDACTED]			
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)		15. ITINERARY		16. SUMMARY OF PAYMENT			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Explain in Remarks)				(1) Per Diem			
				(2) Actual Expense Allowance			
				(3) Mileage			
				(4) Dependent Travel			
				(5) DLA			
				(6) Reimbursable Expenses			
				(7) Total			
				(8) Less Advance			
				(9) Amount Owed			
				(10) Amount Due			
17. REIMBURSABLE EXPENSES		18. LEAVE		19. GOVERNMENT TRANSPORTATION REQUEST (GTR/MILITARY TRANSPORTATION AUTHORIZATION (MTA))			
a. DATE		b. NATURE OF EXPENSE		c. AMOUNT		d. ALLOWED	
12/15		Hotel		\$13.93		✓	
↓		Rental Car		\$3.50		✓	
↓		Food		\$2.26		✓	
↓		ATM		\$12.00		✓	
↓		Parking					
20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT. APPROVING OFFICER (31 USC 1348(b))		21. GOVERNMENT SIGNATURE		22. APPROVING OFFICER SIGNATURE		23. DATE	
		[Signature]		[Signature]		12/16/94	
24. COLLECTION DATA		25. COMPUTED BY		26. AUDITED BY		27. TRAVEL ORDER POSTED BY	
28. RECEIVED (Payee Signature and Date or Check No.)		29. AMOUNT PAID		30. REMARKS			

AMPO
TPO Y
TPOH HE

2/18/95 10:29 AM

Dispersed	4
trial fee	
total withdrawal	4

CYPRESS SHELL
10691 ST CHARLES R
SAINT ANN MO
DLRH 27422519705

DATE: 12/15/99
TIMOTHY GOUGER
VISA ACCT#
XXXX XXXX XXXX 5225

RCPT# 3-0194
INV# 161510
REF# 91860 13 029
AUTH# 48 APPR 90340

PUMP# 1	
REGULAR	2.8746
SELF	
PRICE/GAL	\$1.219
FUEL TOTAL	\$3.50
TOTAL	\$3.50

THANK YOU FOR
CHOOSING SHELL
PLEASE COME AGAIN

ALL CHARGES SUBJECT TO FINAL AUDIT
LICENSEE:

C & J RENTALS, INC.
4140 CYPRESS ROAD
ST. ANN, MO 63074
(314) 423-3737

Montgomery Ward
Car Rental

Thrifty
Car Rental

Open/Exp. 0017 Close/Exp. 0013

260103 STL

CUSTOMER INFORMATION	BOUSER TIM CUST NO: 349004 08/22/00 (1) 1 HOL INN CAHOKIA ADD'L RENTER: CORP DISC NO: 0010020150 RESERVATION NO: 277231	Car To Be Returned To Above Unless Stated RA OUT: 260103 STL RA IN: 260103 STL	Rental Expires On 17:17 12/16/99	Rental Agreement Number P311531124
	I understand that if I decline PDW, I am responsible for all loss regardless of fault. Only authorized renters may drive the car. Rates are subject to change if the car is not returned as stated above. Minimum one day rental applies!	Vehicle Information LIC. #: [REDACTED] STALL#: [REDACTED] SAFU SLP Fuel out: 0/8 Mileage o 4882 Fuel in: 0/8 Mileage i 4953 EXCH LIC. #: [REDACTED] STALL#: [REDACTED] Fuel out Mileage o Fuel in Mileage i MILES DRIVEN: 01 CREDIT CARD EXP. DATE 6/01 AUTH # 000098 AMT 300.00 SOURCE: 100 1A	TIME OUT 12/14/99 9:44 Per Mile Per Hour 12.00 Per Day 2 36.00 72.00 Per Week 168.00 Per Month 720.00 Week Day ** NET 1 A M 12.00 Fuel 3.10 P/G Drop Fee Airport Fee 11.00 % 2.00 State Purchg 3.15 FLOR 0.15 Sales Tax 5.750% 4.40	TIME IN 12/15/99 10:20

By signature below, I acknowledge that I have read and agree to the terms and conditions, both printed and written, including Physical Damage Waiver, that appear on this rental statement and on the separate rental jacket. All the information provided by Me is true. I know that if I decline the option PDW, I am responsible for all loss regardless of fault. I AUTHORIZE THRIFTY TO PROCESS OR SUBMIT A CHARGE TO MY CREDIT, DEBIT OR CHARGE CARD FOR THE ESTIMATED CHARGES FOR THIS RENTAL UPON MY SIGNING THIS RENTAL STATEMENT AND FOR ALL ADDITIONAL CHARGES UPON RETURN OF THE VEHICLE.

X [Signature] RENTER SIGNATURE
X _____ ADDITIONAL AUTHORIZED RENTER

RENTAL SUMMARY:
LESS PAID DEPOSITS *
* TOTAL CHARGES 87.93
* CREDITS/PAYMENTS *
01 87.93
RENTER

Holiday Inn EXPRESS

Name & Address

THOMAS BOUSER
270

[REDACTED]

[REDACTED]

[REDACTED]

Room 101
Arrive Date 10/1/80
Dept. Date 10/1/80
Folio #
Room Rate 10.00
Account
Mkt/Seg

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
------	------	-----------	----	-------------	--------	---------	---------

10/1	Y	101.00	101	DISCOUNT ROOM	10.00		10.00
10/1	Y	101.00	101	SALES TAX	1.00		11.00
10/1	Y	101.00	101	TAX	1.00	-3.00	9.00

10/1/80

10

ACCT. NO. [REDACTED]	
CARD MEMBER NAME THOMAS BOUSER	
ESTABLISHMENT NO. & LOCATION [REDACTED]	
CARD MEMBER'S SIGNATURE X [Signature]	

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE REFUND OR RETURNED FOR A CASH REFUND

DATE OF CHARGE 10/1/80	FOLIO NO./CHECK NO. 101
AUTHORIZATION [REDACTED]	
PURCHASES & SERVICES [REDACTED]	
TOTAL AMOUNT 9.00	

SALES PERSON: 40
CUSTOMER NBR: 5S5101

ITINERARY/INVOICE NO. 0019867
DUPLICATE VQWWLJ

DATE: 09 DEC 99
PAGE: 02

TO: CARLSON WAGONLIT TRAVEL
215 N 17TH STREET
ROOM 1205
OMAHA, NE 68102

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIM

REF: CTASTL,096252,COEOMA

X ---- INFORMATION FOR ARMY TRAVELERS ----
IF YOU NEED TO CONTACT THE ARMY MILITARY LODGING
RESERVATION CENTER DIRECT, THE PHONE NUMBER IS
1-800-GO ARMY 1 OR 800-462-7691. --LODGING ONLY--

XX
FOR ASSISTANCE WHILE ENROUTE, AFTER NORMAL BUSINESS
HOURS CALL OUR 24HR SERVICE CENTER AT 1-800-288-5999.

TICKET RECEIVED

CLIENT SIGNATURE.....

YOUR PERSONAL ID CODE IS S10L4/CTO

THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL

FOR EMERGENCIES DURING BUSINESS HOURS,

PLEASE CALL 1-800-945-0535

FARE-A43 YCA

FARE-A43 YCA

J/757 CONTRACT CARRIER USED FOR ENTIRE TRIP

U3-COEOMA,X

U5-96X3122, ,

U6- ,

U7-09DEC99 0000000001374G5

U8-000000000

EASYLINK 1225025S001 9DEC99 10:02/10:03 EST
FROM: 49588302 49588302 CARL UD
CARLSON WAGONLIT TRAVEL
TO: 4022918177

SALES PERSON: 40
CUSTOMER NBR: 5S5101

ITINERARY/INVOICE NO. 0019867
DUPLICATE VQWWLJ

DATE: 09 DEC 99
PAGE: 01

TO: CARLSON WAGONLIT TRAVEL
215 N 17TH STREET
ROOM 1205
OMAHA, NE 68102

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIM

REF: CTASTL,096252,COEOMA

14 DEC 99 - TUESDAY

AIR TRANS WORLD AIRLINES FLT:226 COACH
LV OMAHA 815A

EQP: MD-80

01HR 15MIN

NON-STOP

REF: MYNBQG

CORP ID-0010020158

AR ST LOUIS INTL 930A
ARRIVE: MAIN TERMINAL

CAR ST LOUIS INTL THRIFTY CAR RENTAL
PICK UP-0930 1-COMPACT CAR AUTO AC

RETURN-16DEC/1717

RATE IS GUARANTEED

DAILY RATE-USD36.00

CONFIRMATION NUMBER

CALL-314-423-3737

UNLIMITED MILEAGE

FQ3294

16 DEC 99 - THURSDAY

AIR TRANS WORLD AIRLINES FLT:577 COACH
LV ST LOUIS INTL 517P

EQP: MD-80

01HR 25MIN

NON-STOP

REF: MYNBQG

DEPART: MAIN TERMINAL

AR OMAHA 643P

13 JUN 00 - TUESDAY

OTHER INFORMATION

THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET TW7689233934
ELEC TKT

GOUGER TIM

BILLED TO

127.50

SUB TOTAL

127.50

NET CC BILLING

127.50

TOTAL AMOUNT DUE

0.00

CONTINUED ON PAGE 2

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 09-DEC-1999	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 293-2500	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 3		10b. PROCEED O/A (DATE) 14-DEC-1999					
11. ITINERARY LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 14-DEC-1999 AT 700 HRS TO : ST LOUIS MO MISSOURI DEPART ON 16-DEC-1999 AT 2000 HRS				<input checked="" type="checkbox"/> VARIATION AUTHORIZED			
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM	TRAVEL		OTHER		TOTAL		
					\$813.50	\$0.00	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT 4 MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT. TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 09-DEC-1999				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 09-DEC-1999			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="float: right;">100%</div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE JSACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						21. DATE ISSUED 09-DEC-1999	
						22. TRAVEL ORDER NUMBER 001374G6	

001374G6

Action Edit Block Field Record Query ESIQ Help

Assigned Check No: 585604

Check No Trace: 1800058475

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?: ☐

Type: TRV SETLMT

FOA Code: G6

Check Date: 17-DEC-1999

Reference No: 001374G6

Amount: 240.12

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P GOUGER

Certified By: WITT, DENNY R

Date Signed: 17-DEC-1999

Initial Signature: 93D6802D129BF351385

Disbursing Officer's Signature: 385A5X0A

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Press F2 to enter a query.

Record: 1/?

Action Edit Block Field Record Query ESIG Help

Obli No:	99/12-13-1999	Fund Type:	F	Fast Pay:	<input type="checkbox"/>	Reversal:	<input type="checkbox"/>
Deliv Order No:	NA	Approp Status:	C	Rcvr:	D. SKINNER		
Line Item No:	0145	Approp Type:	?	Debtor Bill No:			
Rec Rpt No:		EAID:		MOA:	C2	Acct Phase:	B5A
Invoice No:		Accrual:		EOR:	21T1	Trans Date:	21-DEC-1999
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	21-DEC-1999		
Fund Work Item:	002DCL	Resource Code:	TRANSPER	TBO Ind:			
Resource Plan:	1	Work Cat:	01A10	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:			
Appropriation:				Period:	199912		
Transaction Id:	2406966	GL Corr Id:	AP910	GL Not Posted?:	<input type="checkbox"/>		
Prop Cat Code:		Source:	GTRRECV	TBO Rpt:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			127.50

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Record: 9/?

Action Edit Block Field Record Query ESIQ Help

Travel Order No: 001374G6

Employee: TIMOTHY P GOUGER

Travel Order Date: 09-DEC-1999

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
001374G6	1	NON-GTR TRAVE	002DCL	21T2			0.00
99/12-13-1999	0145	7689233934/13	002DCL	21T1			0.00

View Funding

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Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/12-13-1999		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 21-DEC-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG93144792		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY CODE				7. ADMINISTERED BY CODE				8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399 CODE NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785				FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS-ADVANTAGED [] WOMEN-OWNED	
						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO See Block 15			
14. SHIP TO CODE				15. PAYMENT WILL BE MADE BY CODE				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE				DATE SIGNED	
If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	7684146669/898G6/MAILANDER			.0000/		.0000	LS	\$.00	
0002	7684146670/874G6/FOX			.0000/		.0000	LS	\$.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: CONTRACTING/ORDERING OFFICER				25. TOTAL \$70,514.12	
								29. DIFFERENCES	
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 21-DEC-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000001 [] PARTIAL [X] FINAL		28. D.O. VOUCHER NO. ** MULTIPLE ** 32. PAID BY 8736 27-DEC-99		30. INITIALS	
36. I certify this amount is correct and proper for payment DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER				31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL		33. AMT VERIFIED CORRECT FOR \$419.50		34. CHECK NUMBER 0000558106	
						35. BILL OF LADING NO.			
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 21-DEC-1999	40. TOTAL CONT.		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
0003	7684146672/824G6/SHOCKLEY	.0000/	.0000	LS	\$0.00	\$403.50
0004	7684146684/911G6/WINSLOW	.0000/	.0000	LS	\$0.00	\$312.00
0005	7684146686/844G6/BRADSHAW	.0000/	.0000	LS	\$0.00	\$273.00
0006	7684146688/914G6/GORTON	.0000/	.0000	LS	\$0.00	\$460.00
0007	7684146710/930G6/PETERSEN, DEB	.0000/	.0000	LS	\$0.00	\$884.21
0008	7684146711/843G6/HERRING	.0000/	.0000	LS	\$0.00	\$238.00
0009	7684146712/856G6/OLSON	.0000/	.0000	LS	\$0.00	\$460.00
0010	7684146714/919G6/BUSS	.0000/	.0000	LS	\$0.00	\$359.00
0011	7684146715/912G6/MATUSKA	.0000/	.0000	LS	\$0.00	\$300.00
0012	7684146716/894G6/LIEFER	.0000/	.0000	LS	\$0.00	\$738.50
0013	7684146717/913G6/BARNA	.0000/	.0000	LS	\$0.00	\$300.00
0014	7684146720/928G6/WIK	.0000/	.0000	LS	\$0.00	\$680.00
0015	7684146721/933G6/HOWE, K	.0000/	.0000	LS	\$0.00	\$119.00
0018	77684146722/621G6/HARTLEY	.0000/	.0000	LS	\$0.00	\$316.00
0019	7684146736/954G6/GEORGE	.0000/	.0000	LS	\$0.00	\$241.50
0020	7684146737/940G6/GRAF	.0000/	.0000	LS	\$0.00	\$570.00
0021	7684146738/923G6/KNIGHT	.0000/	.0000	LS	\$0.00	\$79.00
0022	7684146738/923G6/KNIGHT	.0000/	.0000	LS	\$0.00	\$79.00
0023	7684146740/949G6/VODICKA	.0000/	.0000	LS	\$0.00	\$419.50
0024	7684146741/952G6/COOK	.0000/	.0000	LS	\$0.00	\$450.75
0025	7684146747/509G6/PLACK	.0000/	.0000	LS	\$0.00	\$204.00
0026	7684146748/821G6/POPELKA	.0000/	.0000	LS	\$0.00	\$204.00
0027	7686370009/971G6/MUSILEK	.0000/	.0000	LS	\$0.00	\$212.50
0028	7686370011/974G6/HANSON	.0000/	.0000	LS	\$0.00	\$127.50
0029	7686370047/1041G6/MCNULTY, J	.0000/	.0000	LS	\$0.00	\$1,101.70
0030	7686370048/1034G6/WAGNER, G	.0000/	.0000	LS	\$0.00	\$356.25
0031	7686370055/837G6/BLAIR	.0000/	.0000	LS	\$0.00	\$276.00
0032	7686370073/64G6/WOSCYNIA	.0000/	.0000	LS	\$0.00	\$740.00
0033	7686370074/1039G6/RICHARDSON	.0000/	.0000	LS	\$0.00	\$408.75
0034	7683670076/1010G6/FREED	.0000/	.0000	LS	\$0.00	\$213.50
0035	7686370082/1040G6/CRAWFORD	.0000/	.0000	LS	\$0.00	\$832.00
0037	7686370084/841G6/TOMASEK	.0000/	.0000	LS	\$0.00	\$210.75
0038	7686370091/712G6/GILBERT	.0000/	.0000	LS	\$0.00	\$543.50
0039	7686370092/861G6/MILLER	.0000/	.0000	LS	\$0.00	\$573.29
0040	7686370093/882G6/MILLER	.0000/	.0000	LS	\$0.00	\$826.00
0041	7686370094/1021G6/MILLER	.0000/	.0000	LS	\$0.00	\$419.50
0042	7686370095/728G6/FINK	.0000/	.0000	LS	\$0.00	\$1,357.26
0043	7686370098/1051G6/HINES	.0000/	.0000	LS	\$0.00	\$281.00
0044	7686370100/1061G6/HINES	.0000/	.0000	LS	\$0.00	\$445.50
0045	7686370104/63G6/VADER	.0000/	.0000	LS	\$0.00	\$408.75
0046	7686370108/09/1088G6/HARTLEY	.0000/	.0000	LS	\$0.00	\$316.00
0047	7686370110/1017G6/KRAGT	.0000/	.0000	LS	\$0.00	\$615.50
0048	7686370114/1031G6/JOHNSON	.0000/	.0000	LS	\$0.00	\$906.00
0049	767863700116/1053G6/STINN	.0000/	.0000	LS	\$0.00	\$419.50
0050	7686370117/1106G6/WESTENBURG	.0000/	.0000	LS	\$0.00	\$174.00
0051	7686370119/1064G6/DAVIES	.0000/	.0000	LS	\$0.00	\$268.00
0052	7686370122/23/1107G6/WOODS	.0000/	.0000	LS	\$0.00	\$752.00
0053	76786370128/1115G6/STOLINSKI	.0000/	.0000	LS	\$0.00	\$241.50
0054	7686370129/1114G6/BONNEAU	.0000/	.0000	LS	\$0.00	\$241.50
0055	7686370130/1046G6/LUCKEY	.0000/	.0000	LS	\$0.00	\$276.00
0056	7686370131/1119G6/PRICE	.0000/	.0000	LS	\$0.00	\$546.00
0057	7686370143/1122G6/FOX	.0000/	.0000	LS	\$0.00	\$743.00
0058	7686370148/1117G6/HERRING	.0000/	.0000	LS	\$0.00	\$79.00
0059	76868370148/1117G6/HERRING	.0000/	.0000	LS	\$0.00	\$79.00
0060	7686370157/1083G6/VODICKA	.0000/	.0000	LS	\$0.00	\$752.00
0061	7686370166/1022G6/HALL	.0000/	.0000	LS	\$0.00	\$555.00

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0062	7686370167/727G6/POCHANT	.0000/	.0000	LS	\$611.00
0063	7686370169/842G6/HENLEY	.0000/	.0000	LS	\$907.00
0064	7686370171/1143G6/HEITMANN	.0000/	.0000	LS	\$445.50
0065	7686370182/1113G6/PRIDAL	.0000/	.0000	LS	\$127.50
0066	7686370183/1112G6/KAY	.0000/	.0000	LS	\$127.50
0068	7686370184/936G6/BOWERS	.0000/	.0000	LS	\$174.00
0069	7686370187/1110G6/CLEMETSON	.0000/	.0000	LS	\$127.50
0070	7686370188/1090G6/WILSON, T	.0000/	.0000	LS	\$79.00
0071	7686370188/1090G6/WILSON, T	.0000/	.0000	LS	\$79.00
0072	7686370191/1158G6/BOCKERMAN	.0000/	.0000	LS	\$419.50
0073	7686370194/1164G6/LANE	.0000/	.0000	LS	\$1,271.50
0074	7686370196/1099G6/PLERE	.0000/	.0000	LS	\$338.50
0075	7686370216/982G6/TIMMERWILKE	.0000/	.0000	LS	\$276.00
0076	7686370218/757G6/ANDERSEN, J	.0000/	.0000	LS	\$403.50
0077	7686370219/956G6/WAESCH	.0000/	.0000	LS	\$445.50
0078	7686370222/1116G6/CLEMETSON	.0000/	.0000	LS	\$236.00
0079	7686370224/1006G6/DRIESSEN	.0000/	.0000	LS	\$616.00
0080	7686370229/1033G6/HINKLE	.0000/	.0000	LS	\$1,272.50
0081	7686370232/1132G6/HODGES	.0000/	.0000	LS	\$419.50
0082	7686370235/1219G6/BICKFORD	.0000/	.0000	LS	\$403.50
0083	7686370236/1231G6/TATE	.0000/	.0000	LS	\$316.00
0084	7686370241/1220G6/DUNN	.0000/	.0000	LS	\$434.00
0085	7686370242/1197G6/KACHEK	.0000/	.0000	LS	\$478.00
0086	7686370244/1223G6/RILEY	.0000/	.0000	LS	\$835.00
0087	7686370246/1225G6/GAY	.0000/	.0000	LS	\$747.00
0088	7686370248/1237G6/DARLING	.0000/	.0000	LS	\$419.50
0089	7686370249/1163G6/SHOCKLEY	.0000/	.0000	LS	\$127.50
0090	7689233750/1166G6/NOVOTNY	.0000/	.0000	LS	\$127.50
0091	7689233754/1181G6/REMUS	.0000/	.0000	LS	\$403.50
0092	7689233758/1168G6/RYAN	.0000/	.0000	LS	\$833.51
0093	7689233759/000037G6/VULCAN	.0000/	.0000	LS	\$752.00
0094	7689233762/1233G6/CONRATH	.0000/	.0000	LS	\$408.75
0095	7689233763/1235G6/BETTS	.0000/	.0000	LS	\$408.75
0096	7689233771/72/1186G6/STENBERG	.0000/	.0000	LS	\$329.00
0097	7689233773/1123G6/MILLER, F	.0000/	.0000	LS	\$419.50
0098	7689233774/1127G6/ELLIS	.0000/	.0000	LS	\$419.50
0099	7689233775/1131G6/COLE	.0000/	.0000	LS	\$419.50
0100	7689233781/1180G6/WINTERS	.0000/	.0000	LS	\$606.00
0101	7689233784/1254G6/STEINLE	.0000/	.0000	LS	\$854.25
0102	7689233787/1260G6/DEANE	.0000/	.0000	LS	\$127.50
0103	7689233788/1210G6/CARRIG	.0000/	.0000	LS	\$297.50
0104	7689233789/1228G6/MOSES	.0000/	.0000	LS	\$89.25
0105	7689233789/1228G6/MOSES	.0000/	.0000	LS	\$208.25
0106	7689233790/1271G6/NOLAN	.0000/	.0000	LS	\$556.00
0107	768637233796/1241G6/ROSE	.0000/	.0000	LS	\$226.50
0108	7689233797/1141G6/HUGHES	.0000/	.0000	LS	\$226.50
0109	7689233798/745G6/NEUZIL, C	.0000/	.0000	LS	\$307.00
0110	7689233799/1136G6/HODGES	.0000/	.0000	LS	\$419.50
0111	7689233811/1182G6/HERRING	.0000/	.0000	LS	\$297.50
0112	7689233824/1285G6/RASMUSSEN	.0000/	.0000	LS	\$494.75
0113	7689233825/26/1286G6/SCHMIDT	.0000/	.0000	LS	\$494.75
0114	7689233829/62G6/COOPER, KEN	.0000/	.0000	LS	\$450.75
0115	7689233834/1236G6/PETERSON, JULIE	.0000/	.0000	LS	\$221.50
0116	7689233845/1170G6/ZARUBA	.0000/	.0000	LS	\$313.00
0117	7689233850/1274G6/LIEFER	.0000/	.0000	LS	\$738.50
0118	7689233856/1262G6/MILLER, J	.0000/	.0000	LS	\$419.50

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0119	7689233865/1279G6/DAVEY	.0000/	.0000 LS	\$.00	\$193.00
0120	7689233867/1304G6/CARTER	.0000/	.0000 LS	\$.00	\$238.00
0121	7689233870/37G6/VULCAN	.0000/	.0000 LS	\$.00	\$276.00
0122	7689233871/1310G6/HOLLAN	.0000/	.0000 LS	\$.00	\$319.00
0123	7689233873/1316G6/STURM	.0000/	.0000 LS	\$.00	\$403.50
0124	7689233879/1176G6/MCFAUL	.0000/	.0000 LS	\$.00	\$286.00
0125	7689233879/1320G6/KEMMERER	.0000/	.0000 LS	\$.00	\$403.50
0126	7689233881/1256G6/IVAN	.0000/	.0000 LS	\$.00	\$820.00
0127	7689233882/1193G6/WOLF	.0000/	.0000 LS	\$.00	\$606.00
0128	7689233885/1315G6/KIRSCHBAUM	.0000/	.0000 LS	\$.00	\$414.00
0129	7689233886/64G6/WOSCYN	.0000/	.0000 LS	\$.00	\$419.50
0130	7689233888/1086G6/CAREY	.0000/	.0000 LS	\$.00	\$419.50
0131	7689233891/1314G6/KIRSCHBAUM	.0000/	.0000 LS	\$.00	\$419.50
0132	7689233896/1333G6/DAVIES	.0000/	.0000 LS	\$.00	\$403.50
0133	7689233897/1337G6/MEAD	.0000/	.0000 LS	\$.00	\$145.50
0134	7689233908/1334G6/LAGRONE	.0000/	.0000 LS	\$.00	\$162.00
0135	7689233908/1334G6/LAGRONE	.0000/	.0000 LS	\$.00	\$486.00
0136	7689233757/1218G6/OTTO	.0000/	.0000 LS	\$.00	\$606.00
0137	7689233910/1306G6/BUSS	.0000/	.0000 LS	\$.00	\$272.00
0138	7689233911/1307G6/CARTER	.0000/	.0000 LS	\$.00	\$403.50
0139	7689233917/1323G6/JAROS	.0000/	.0000 LS	\$.00	\$168.75
0140	7689233919/1349G6/VOGT	.0000/	.0000 LS	\$.00	\$475.00
0141	7689233921/1364G6/HERRING	.0000/	.0000 LS	\$.00	\$407.00
0142	7689233928/1269G6/WAESCH	.0000/	.0000 LS	\$.00	\$276.00
0143	7689233929/1362G6/WESTENBURG	.0000/	.0000 LS	\$.00	\$933.20
0144	7689233930/1363G6/SCHMIDT	.0000/	.0000 LS	\$.00	\$933.20
0145	7689233934/1374G6/GOUGER	.0000/	.0000 LS	\$.00	\$127.50
0146	7689233938/1379G6/ONEILL	.0000/	.0000 LS	\$.00	\$174.00
0147	7689233939/1378G6/WHITE	.0000/	.0000 LS	\$.00	\$174.00
0148	7689233940/63G6/VADER	.0000/	.0000 LS	\$.00	\$743.00
0149	7689233949/1338G6/PLACK	.0000/	.0000 LS	\$.00	\$403.50
0150	7689233954/1319G6/RICHARDSON	.0000/	.0000 LS	\$.00	\$403.50
0151	7689233958/1394G6/HARTLEY	.0000/	.0000 LS	\$.00	\$316.00
0152	7689233960/1389G6/SCHULTE	.0000/	.0000 LS	\$.00	\$630.00
0153	7689233962/1373G6/MOORE	.0000/	.0000 LS	\$.00	\$311.00
0154	7689233965/1245G6/HEITMANN	.0000/	.0000 LS	\$.00	\$185.50
0155	7689233967/64G6/WOSCYN	.0000/	.0000 LS	\$.00	\$573.00
0156	7689233968/34G6/TILLOTSON	.0000/	.0000 LS	\$.00	\$408.75
0157	7689233969/1390G6/FOX	.0000/	.0000 LS	\$.00	\$773.00
0158	7689233971/1377G6/LEAHY	.0000/	.0000 LS	\$.00	\$403.50
0159	7689233985/1405G6/HERSE	.0000/	.0000 LS	\$.00	\$403.50
0160	7689233986/1184G6/PAVLIK	.0000/	.0000 LS	\$.00	\$174.00
0161	76863710021/996G6/COOPER, KEN	.0000/	.0000 LS	\$.00	\$241.50
0162	7686370022/998G6/COOPER, KEN	.0000/	.0000 LS	\$.00	\$445.50
0163	7686370025/1002G6/ROZA	.0000/	.0000 LS	\$.00	\$236.00
0164	7686370026/1001G6/WOSCYN	.0000/	.0000 LS	\$.00	\$204.00
0165	7686370027/37G6/VULCAN	.0000/	.0000 LS	\$.00	\$204.00
0166	7686370032/1026G6/HOBZA	.0000/	.0000 LS	\$.00	\$430.00
0167	7686370033/1027G6/NOLAN	.0000/	.0000 LS	\$.00	\$430.00
0168	7686370034/1025G6/LEAHY	.0000/	.0000 LS	\$.00	\$632.00
0169	7686370046/1029G6/BUSS	.0000/	.0000 LS	\$.00	\$272.00
0170	7686370020/983G6/PETERSON, JIM	.0000/	.0000 LS	\$.00	\$445.50

ORDER FOR SUPPLIES OR SERVICES				Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
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6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE	
						8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
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NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						11. MARK IF BUS. IS [] SMALL [] SMALL DIS-ADVANTAGED [] WOMEN-OWNED	
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NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED	
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0017	7684146721/933G6/HOWE, K		.0000/		.0000	LS	\$.00
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.			24. UNITED STATES OF AMERICA			25. TOTAL \$189.25	
			BY: _____			29. DIFFERENCES	
			CONTRACTING/ORDERING OFFICER				
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED			27. REC RPT NO 000002		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS
21-DEC-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.			[] PARTIAL [X] FINAL		32. PAID BY 8735		33. AMT VERIFIED CORRECT FOR \$59.50
36. I certify this amount is correct and proper for payment			31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL		27-DEC-99		34. CHECK NUMBER 0000205905
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER		39. DATE REC'D 21-DEC-1999		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER
						42. S/R VOUCHER NO.	

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0036	7686370084/841G6/TOMASEK	.0000/	.0000	LS	\$70.25

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA

ACCOUNT NUMBER

Page 25 of 27

INDIVIDUAL CARDHOLDER ACTIVITY

DATE	FROM	TO	AMOUNT	TYPE
12-13	NWA AIR 0127689233930	OMAHA NE	933.20	DR
REF: [REDACTED] MCC:3060 PHONE: [REDACTED]				
NM: SCHMIDT/STEVE TKT:0127689233930 MVAT: [REDACTED] CVAT: [REDACTED] CC: [REDACTED]				
OARP:OMA SVC:Y DARP:MSP FR:YCA DEP:121499				
OARP:MSP SVC:Y DARP:ANC FR:YCA DEP:121499				
OARP:ANC SVC:Y DARP:MSP FR:YCA DEP:121699				
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:121699				
12-13	TWA AIRLINE 0157689233934	OMAHA NE	127.50	DR
REF: [REDACTED] MCC:3004 PHONE: [REDACTED]				
NM: GOUGERT/TIM TKT:0157689233934 MVAT: [REDACTED] CVAT: [REDACTED] CC: [REDACTED]				
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:121499				
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:121699				
12-13	TWA AIRLINE 0157689233938	OMAHA NE	174.00	DR
REF: [REDACTED] MCC:3004 PHONE: [REDACTED]				
NM: ONEILL/JAMES TKT:0157689233938 MVAT: [REDACTED] CVAT: [REDACTED] CC: [REDACTED]				
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:121599				
OARP:STL SVC:Y DARP:PHL FR:YCA DEP:121599				
OARP:PHL SVC:Y DARP:STL FR:YCA DEP:121699				
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:121699				
12-13	TWA AIRLINE 0157689233939	OMAHA NE	174.00	DR
REF: [REDACTED] MCC:3004 PHONE: [REDACTED]				
NM: WHITE/DENZI TKT:0157689233939 MVAT: [REDACTED] CVAT: [REDACTED] CC: [REDACTED]				
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:121599				
OARP:STL SVC:Y DARP:PHL FR:YCA DEP:121599				
OARP:PHL SVC:Y DARP:STL FR:YCA DEP:121699				
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:121699				
12-13	MIDWEST EXP 4537689233949	OMAHA NE	403.50	DR
REF: [REDACTED] MCC:3065 PHONE: [REDACTED]				
NM: PLACK/DOUG TKT:4537689233949 MVAT: [REDACTED] CVAT: [REDACTED] CC: [REDACTED]				
OARP:OMA SVC:Y DARP:DCA FR:YCADCA DEP:121399				
OARP:DCA SVC:Y DARP:OMA FR:YCADCA DEP:121499				
12-13	MIDWEST EXP 4537689233954	OMAHA NE	403.50	DR
REF: [REDACTED] MCC:3065 PHONE: [REDACTED]				
NM: RICHARDSON/J R TKT:4537689233954 MVAT: [REDACTED] CVAT: [REDACTED] CC: [REDACTED]				
OARP:OMA SVC:Y DARP:DCA FR:YCADCA DEP:121399				
OARP:DCA SVC:Y DARP:OMA FR:YCADCA DEP:121599				
12-13	NWA AIR 0127689233960	OMAHA NE	630.00	DR
REF: [REDACTED] MCC:3060 PHONE: [REDACTED]				
NM: SCHULTE/LAWRENCE TKT:0127689233960 MVAT: [REDACTED] CVAT: [REDACTED] CC: [REDACTED]				
OARP:RAP SVC:Y DARP:MSP FR:YUP DEP:121399				
OARP:MSP SVC:Y DARP:GFK FR:YUP DEP:121399				
OARP:GFK SVC:H DARP:MSP FR:H26ND DEP:121599				
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:121599				

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST

09-DEC-1999

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-PC-R		6. PHONE NO. 402-293-2514	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 3		b. PROCEED O/A (DATE) 14-DEC-1999					
11. ITINERARY LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 14-DEC-1999 AT 700 HRS TO : ST LOUIS MO MISSOURI DEPART ON 16-DEC-1999 AT 2000 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						More advantageous to government	
						Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST							15. ADVANCE AUTHORIZED
PER DIEM		TRAVEL		OTHER		TOTAL	
						\$813.50	\$.00
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 09-DEC-1999				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 09-DEC-1999			
AUTHORIZATION							
19. ACCOUNTING CITATION 100%							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						21. DATE ISSUED 09-DEC-1999	
						22. TRAVEL ORDER NUMBER 001374G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
09-DEC-1999

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
001374G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TICKET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

Action Edit Block Field Record Query Help

Obligation No: 99/12-13-1999 Delivery Order: NA Obligation LI: 0145
Amendment No: 0 Amend Date: 21-DEC-1999 Freight: Fast Pay:
Work Item: 002DCM Fund Account: G625294 Progress Pay:
Fund Citation: 96NAX3122 AMSCO: 015558 Resource: TRANSPER
Description: COMMERCIAL TRANSPORTATION MOA: C2 Allot: 2417 EOR: 21T1

<PGDN> To Execute RV Query

RV No	Customer Inv No	Schd Date	Disb Amount	DOV No	Check No	Pmt Meth
158	NATIONSBANK 22399	27-DEC-1999		158543	558106	TCHEC

RR Invoice Progress Pmts RV AP Transaction Check Register
Prev Page Prev Next Query List Save Exit Next Page

Record: 1/1

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 558105

Check No Trace: 1800059297

Replacement No:

Pmt Method: TCHEC DSSN: 8736

Ea?: ☐

Type: CONTRACT

FOA Code: C6

Check Date: 27-DEC-1999

Reference No: 99/12-13-1999

Amount: 70514.12

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: NATIONS BANK CARD SERVICE

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: RYE, MICHAEL T

Date Signed: 27-DEC-1999

Initial Signature: 201B9E41A0FE2995386

Disbursing Officer's Signature: D5C3C914A32B06D3386

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Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

PLSA: E CUTOFF DATE IS: 12/04/1999

PAY PERIOD ENDING: 12/04/1999

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	11/21	11/22	11/23	11/24	11/25	11/26	11/27	11/28	11/29	11/30	12/01	12/02	12/03	12/04	Total
B06950							2.00	2.00							0.50	1.00	1.00			6.50
B06950							8.00	8.00	5.00					6.00	6.00	6.00	6.00	6.00		51.00
L35672														2.00	2.00	2.00	2.00	2.00		10.00
LEAVE									3.00		8.00									11.00
LEAVE										8.00										8.00

*The above hours were ELECTRONICALLY SIGNED ON: 06-DEC-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						10.00	10.00	8.00	8.00	8.00				8.00	8.50	9.00	9.00	8.00		86.50
------------------	--	--	--	--	--	-------	-------	------	------	------	--	--	--	------	------	------	------	------	--	-------

TOTAL HOURS	REG=	61.00	HOL=		OVT=	6.50	ALV=	11.00	OLV=		NON=	8.00
-------------	------	-------	------	--	------	------	------	-------	------	--	------	------

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 11/21/1999

LABOR-COST TO : 12/04/1999

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L  TOTAL  CERTIFIED
SP-RATE      SP-RATE
*****
GOUGER T      [REDACTED] 86.50 Y
*****
```

```
*****
*** END OF REPORT - 27-DEC-2000 - 12:35 - SID G6CEPMP1 ***
*****
```

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 12/04/1999

PAY PERIOD ENDING: 12/04/1999

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	11/21	11/22	11/23	11/24	11/25	11/26	11/27	11/28	11/29	11/30	12/01	12/02	12/03	12/04	Total

B06950							2.00	2.00							0.50	1.00	1.00			6.50
B06950							8.00	8.00	5.00					6.00	6.00	6.00	6.00	6.00		51.00
L35672														2.00	2.00	2.00	2.00	2.00		10.00
LEAVE									3.00		8.00									11.00
LEAVE										8.00										8.00

*The above hours were ELECTRONICALLY SIGNED ON: 06-DEC-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 10.00 10.00 8.00 8.00 8.00 8.00 8.50 9.00 9.00 8.00 86.50

TOTAL HOURS REG= 61.00 HOL= OVT= 6.50 ALV= 11.00 OLV= NON= 8.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

[REDACTED]

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 11/21/1999

LABOR-COST TO : 12/04/1999

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
                SP-RATE                SP-RATE
*****
GOUGER T      [REDACTED]                                     86.50      Y
*****
```

```
*****
***  E N D   O F   R E P O R T   -   27-DEC-2000 - 12:36 - SID G6CEPMP1  ***
*****
```

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 12:36:48

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 12/18/1999

PAY PERIOD ENDING: 12/18/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	12/05	12/06	12/07	12/08	12/09	12/10	12/11	12/12	12/13	12/14	12/15	12/16	12/17	12/18	Total
B06950								1.00												1.00
B06950						4.00	5.00	4.00	6.00	6.00			8.00			6.00	6.00			45.00
L35672						2.00	3.00	4.00	2.00	2.00				8.00	8.00	2.00	2.00			33.00
LEAVE						2.00														2.00

*The above hours were ELECTRONICALLY SIGNED ON: 16-DEC-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 9.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 81.00

TOTAL HOURS REG= 78.00 HOL= OVT= 1.00 ALV= OLV= NON= 2.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 12/05/1999

LABOR-COST TO : 12/18/1999

EMPLOYEE COUNT = 1

```

*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE      SP-RATE
*****
GOUGER T      [REDACTED]      81.00      Y
  
```

```

*****
***  E N D   O F   R E P O R T   -   27-DEC-2000   - 12:36   -   SID G6CEFMP1   ***
*****
  
```

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: CHEMISTRY SECTION
TIMEKEEPER: 74 SUPERVISOR: ED25
NAME: BERAN E

FLSA: E CUTOFF DATE IS: 01/01/2000 PAY PERIOD ENDING: 01/01/2000

CHARGE WORK		HRS	SH	N	EV															Total
CODE	ITEM	TYP	CD	D	HZ	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26	12/27	12/28	12/29	12/30	12/31	01/01	
L21275							2.00	8.00					8.00							18.00
L27073																8.00	8.00			16.00
LEAVE									8.00	8.00				8.00						24.00
LEAVE											8.00							8.00		16.00
LEAVE							6.00													6.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-DEC-1999
BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:		8.00	8.00	8.00	8.00	8.00			8.00	8.00	8.00	8.00	8.00	8.00	80.00
TOTAL HOURS		REG=	34.00	HOL=		OVT=		ALV=	24.00	OLV=		NON=		22.00	
SP-RATE-HRS=															

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE
[REDACTED]

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 12/19/1999

LABOR-COST TO : 01/01/2000

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
SP-RATE      SP-RATE
*****
BERAN E      [REDACTED]      80.00      Y
```

```
*****
***  E N D   O F   R E P O R T   -   27-DEC-2000   -   12:37   -   SID G6CEFMPI   ***
*****
```


CIC #: 99EPA SUPERFUND
BILLED DATE 01-DEC-1999
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
* *
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* *

D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.
28018547
PARTIAL # 14 01-NOV-1999 THRU 01-DEC-1999

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

NA

\$34,305.29

LINE ITEM MOA
000001 CONTRACT - OUTSIDE GOVERNMENT
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR
000001 INHOUSE - LABOR

DESCRIPTION
PVT SCTR CONTRACTUAL CONSTRUCTION SERVICES (PLACEMENT)
DEPARTMENTAL OVERHEAD COSTS
GENERAL AND ADMINISTRATIVE OVERHEAD COSTS
LABOR

SUBTOTAL

PARTIAL AMOUNT PAID

\$34,305.29

PAYMENT DUE DATE 31-DEC-1999

PAY THIS AMOUNT

\$.00

FUNDS AUTHORIZED: \$529,400.00
TOTAL BILLED AMOUNT: \$124,699.82
PREVIOUS BILLED AMOUNT: \$90,394.53
CURRENT BILLED AMOUNT: \$34,305.29
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

DATE

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 20-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 11-1999

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
18-NOV-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		
18-NOV-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		
SUBTOTAL COST:								\$32,860.45

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
09-NOV-1999	L35672	04-NOV-1999							
09-NOV-1999	L35672	27-OCT-1999							
22-NOV-1999	L35672	19-NOV-1999							
SUBTOTAL CO						\$897.44	\$228.85	\$318.55	\$1,444.84
TOTAL COST:								\$34,305.29	

*** END OF REPORT - 20-DEC-2001 - 12:22 - SID G6CEFMP1 ***

Action Edit Block Field Record Query ESIG Help

Obli No:	DAC445-98-D-0004	Fund Type:	F	Fast Pay:	N	Reversal:	
Deliv Order No:	0006	Approp Status:	C	Rcwr:	S. SCHMIDT		
Line Item No:	0001	Approp Type:	C	Debtor Bill No:			
Rec Rpt No:	9	EAD:		MOA:	C2	Acct Phase:	E5A
Invoice No:	9	Accrual:		EOR:	3200	Trans Date:	18-NOV-1999
FAR Order No:	DW96947840-0560	Cost Type:	WIP	Effect Date:	18-NOV-1999		
Fund Work Item:	002DCL	Resource Code:	CONSTSVCS	TBO Ind:			
Resource Plan:	1	Work Cat:	331R0	Trans Type:	APR		
Mgmt Struct:	015558	Work Cat Elem:	99998	Payee Class:	?		
Appropriation:				Period:	199911		
Transaction Id:	2357129	GL Corr Id:	AP414	GL Not Posted?:			
Prop Cat Code:		Source:	FORM93	TBO Rpt:			

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			13642.29

Prev Page

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Query

List

Save

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Next Page

Record: 12/?

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004

Delivery Order No: 0006

Inv No: 9

Description: SAUGET SITE ONE SF, ST. LOUIS, IL

Period: 200012

Inv Reference No: 28AUG99-01OCT99 #8

Discount Days:

Percent:

Inv Date: 17-NOV-1999

TFO Indicator: ☐

Inv Recv'd Date: 17-NOV-1999

Pmt Address ID: 000015101

F&A Received Date: 17-NOV-1999

Final Payment: ☐

Pmt Office ID: 1

Release of Claims: ☐

Notice To Proceed: Y

Line Item: 0001

Refund? ☐

*** This INV ***

*** All INV's ***

SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE

Qty:

0

Qty Ordered: 0

Unit Price:

Amt Ordered: 302158.28

Gross Amt:

13642.29

266932.86

Pay Estimate No: 9

Retainage Pct: .00

Total Estimates: 16

Retainage Amt: .00

.00

Other Deductions: .00

.00

Program Mgr Signor

Retainage Refund: .00

3DC5579B7A76D660383

Other Deduct Refund: .00

C.O.R. Signor

Liq. Damages: .00

789AB8709E2BEE99383

Line Item Amt:

13642.29

266932.86

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Record: 9/?

Obligation No:	DACA45-98-D-0004	Delivery Order:	0006	Obligation Lt:	0001	Freight:	
Amend No:	R00002	Amend Date:	31-MAR-2000	Fast Pay:		Progress Pay:	
Work Item:	002X25	Fund Account:	G625294	Resource:	CONSTSVCS		
Fund Citation:	96NAX3122	AMSCO:	015558	MOA:	C2	Allot:	2417
Description:	SAUGET SITE ONE SF, ST. LOUIS, I		EOR:	3200			

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
	14JAN99-26FEB99 #1	12-MAY-1999	3996.66	135175	167233	EFT
	03APR99-30APR99 #3	22-JUN-1999	12313.77	138986	407723	TCHEC
	27FEB99-02APR99 #2	22-JUN-1999	3083.51	138987	407724	TCHEC
	01MAY99-28MAY99 #4	28-JUL-1999	4454.84	142561	286345	EFT
	29MAY99-02JUL99 #5	20-AUG-1999	923.79	144831	320102	EFT
	03JUL99-30JUL99 #6	25-AUG-1999	6058.23	145954	331474	EFT
	31JUL99-27AUG99 #7	08-OCT-1999	5404.78	149977	425431	EFT
	28AUG99-01OCT99 #8	19-NOV-1999	13642.29	154960	505583	EFT
	02OCT99-29OCT99 #9	19-NOV-1999	19218.16	154961	505600	EFT
0	30OCT99-26NOV99 #10	24-JAN-2000	11567.42	160381	612499	EFT

RR	Invoice	Progress Pmts		RV	AP Transaction		Check Register
Prev Page	Prev	Next	Query	List	Save	Exit	Next Page

Record: 1/?

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 505583

Check No Trace: 1800056197

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: G6

Check Date: 19-NOV-1999

Reference No: DACA45-98-D-0004

Amount: 13642.29

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: AUTRY, SHIRLEY LE

Date Signed: 19-NOV-1999

Initial Signature: 4A9230E7DBA19133383

Disbursing Officer's Signature: 38357E5E

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Press F2 to enter a query.

Record: 2/2

Action Edit Block Field Record Query ESIG Help

Obli No:	DACM45-98-D-0004		Fund Type:	F	Fast Pay:	N	Reversal:	
Deliv Order No:	0006		Approp Status:	C	Rcwr:	S. SCHMIDT		
Line Item No:	0001		Approp Type:	C	Debtor Bill No:			
Rec Rpt No:	10	EAID:		MOA:	C2	Acct Phase:	E5A	
Invoice No:	10	Accrual:		EOR:	3200	Trans Date:	18-NOV-1999	
FAR Order No:	DW96947840-0560		Cost Type:	WIP	Effect Date:	18-NOV-1999		
Fund Work Item:	002DCL		Resource Code:	CONSTSVCS		TBO Ind:		
Resource Plan:	1		Work Cat:	331R0		Trans Type:	APR	
Mgmt Struct:	015558		Work Cat Elem:	99998		Payee Class:	?	
Appropriation:						Period:	199911	
Transaction Id:	2357134		GL Corr Id:	AP414		GL Not Posted?:		
Prop Cat Code:			Source:	FORM93		TBO Rpt:		

GL Acct	Dr/Cr	Account Name	Debit Amt	Credit Amt
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			19218.16

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Record: 11/?

Action Edit Block Field Record Query ESIQ Help

Obligation No: **DACA45-98-D-0004** Delivery Order No: **0006** Inv No: **10**
 Description: **SAUGET SITE ONE SF, ST. LOUIS, IL** Period: **200012**
 Inv Reference No: **02OCT99-23OCT99 #9** Discount Days: Percent:
 Inv Date: **17-NOV-1999** TFO Indicator: ☐ Inv Recv'd Date: **17-NOV-1999**
 Pmt Address ID: **000015101** F&A Received Date: **17-NOV-1999** Final Payment: ☐
 Pmt Office ID: **1** Release of Claims: ☐ Notice To Proceed: **Y**

Line Item: 0001	Refund? <input type="checkbox"/>	*** This INV ***	*** All INV's ***
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE		Qty: 	0
Qty Ordered: 0	Unit Price: 		
Amt Ordered: 302158.28	Gross Amt: 19218.16	266932.86	
Pay Estimate No: 10	Retainage Pct: .00		
Total Estimates: 16	Retainage Amt: .00	.00	.00
	Other Deductions: .00	.00	.00
Program Mgr Signor	Retainage Refund: 	.00	.00
8E5B3B917489FF74383	Other Deduct Refund: 	.00	.00
C.O.R. Signor	Liq. Damages: 	.00	.00
01E85F51CED19243383	Line Item Amt: 19218.16	19218.16	266932.86

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Record: 10/?

Obligation No:	DACA45-98-D-0004	Delivery Order:	0006	Obligation Lt:	0001	Freight:	
Amend No:	R00002	Amend Date:	31-MAR-2000	Fast Pay:	N		
Work Item:	002X25	Fund Account:	G625294	Progress Pay:	Y		
Fund Citation:	96NAX3122	AMSCO:	015558	Resource:	CONSTSVCS		
Description:	SAUGKT SITE ONE SF, ST. LOUIS, I	MOA:	C2	Allot:	2417	EOR:	3200

<PGDII> To Execute RV or Debt Bill Query

RV No	Reference No	Cert Date	Disb Amount	DOV No	Check No	Pmt Meth
1	14JAN99-26FEB99 #1	12-MAY-1999	3996.66	135175	167233	EFT
2	03APR99-30APR99 #3	22-JUN-1999	12313.77	138986	407723	TCHRC
3	27FEB99-02APR99 #2	22-JUN-1999	3083.51	138987	407724	TCHRC
4	01MAY99-28MAY99 #4	28-JUL-1999	4454.84	142561	286345	EFT
5	29MAY99-02JUL99 #5	20-AUG-1999	923.79	144831	320102	EFT
6	03JUL99-30JUL99 #6	25-AUG-1999	6058.23	145954	331474	EFT
7	31JUL99-27AUG99 #7	08-OCT-1999	5404.78	149977	425431	EFT
8	28AUG99-01OCT99 #8	19-NOV-1999	13642.29	154960	505583	EFT
9	02OCT99-29OCT99 #9	19-NOV-1999	19218.16	154961	505600	EFT
10	30OCT99-26NOV99 #10	24-JAN-2000	11567.42	160381	612499	EFT

RR	Invoice	Progress Pmts		RV	AP Transaction		Check Register
Prev Page	Prev	Next	Query	List	Save	Exit	Next Page

Record: 1/?

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 509800

Check No Trace: 1800056198

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?: ☐

Type: CONTRACT

FOA Code: G6

Check Date: 19-NOV-1999

Reference No: DACA45-98-D-0004

Amount: 19218.16

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: AUTRY, SHIRLEY LE

Date Signed: 19-NOV-1999

Initial Signature: 9CDE9A5B5B1E550D383

Disbursing Officer's Signature: 38357E60

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Press F2 to enter a query.

Record: 2/2

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 12:24:15

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 11/06/1999

PAY PERIOD ENDING: 11/06/1999

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/01	11/02	11/03	11/04	11/05	11/06	Total
B06950									3.00		4.00			1.50	1.50	1.50	1.50			13.00
B06950							6.00	6.00	6.00	8.00	3.00			7.00	6.00	6.00	6.00	8.00		62.00
L35672							2.00	2.00	2.00					1.00	2.00	2.00	2.00			13.00
LEAVE											5.00									5.00

*The above hours were ELECTRONICALLY SIGNED ON: 08-NOV-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	11.00	8.00	4.00			9.50	9.50	9.50	9.50	8.00		93.00
------------------	--	--	--	--	--	------	------	------	-------	------	------	--	--	------	------	------	------	------	--	-------

TOTAL HOURS REG= 75.00 HOL= OVT= 13.00 ALV= 5.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 10/24/1999

LABOR-COST TO : 11/06/1999

EMPLOYEE COUNT = 1

```

*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
      SP-RATE                SP-RATE
*****
GOUGER T      [REDACTED]                                     93.00      Y
  
```

```

*****
***  E N D   O F   R E P O R T   -  27-DEC-2000 - 12:24   -  SID G6CEFMP1  ***
*****
  
```

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE
TIMEKEEPER: 1J SUPERVISOR: CD17
NAME:GOUGER T

PLSA: E CUTOFF DATE IS: 11/06/1999 PAY PERIOD ENDING: 11/06/1999

CHARGE	WORK	HRS	SH	N	EV												
CODE	ITEM	TYP	CD	D	HZ	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/01	11/02	11/03	11/04

B06950									3.00		4.00			1.50	1.50	1.50	1.50
B06950						6.00	6.00	6.00	8.00	3.00				7.00	6.00	6.00	6.00
L35672						2.00	2.00	2.00						1.00	2.00	2.00	2.00
LEAVE										5.00							
																	Total
																	13.00
																	62.00
																	13.00
																	5.00

*The above hours were ELECTRONICALLY SIGNED ON: 08-NOV-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						8.00	8.00	8.00	11.00	8.00	4.00			9.50	9.50	9.50	9.50
																8.00	93.00

TOTAL HOURS REG= 75.00 HOL= OVT= 13.00 ALV= 5.00 OLV= NON=
SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2
Date: 27-DEC-2000
TIME: 12:24:42

SUPERVISOR'S PAGE FOR LABOR REPORTS
FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 10/24/1999

LABOR-COST TO : 11/06/1999

EMPLOYEE COUNT = 1

```
*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L  TOTAL  CERTIFIED
SP-RATE      SP-RATE
*****
GOUGER T      [REDACTED]                                     93.00  Y
*****
```

```
*****
*** END OF REPORT - 27-DEC-2000 - 12:24 - SID G6CEFP1 ***
*****
```

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 12:25:16

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 11/20/1999

PAY PERIOD ENDING: 11/20/1999

CHARGE	WORK	HRS	SH	N	EV															
CODE	ITEM	TYP	CD	D	HZ	11/07	11/08	11/09	11/10	11/11	11/12	11/13	11/14	11/15	11/16	11/17	11/18	11/19	11/20	Total
B06950										8.00										8.00
B06950							2.00		1.00	2.50	1.50						1.00	1.00	10.00	19.00
B06950							7.00	6.00	8.00		8.00			5.00	3.00	8.00	7.00	5.00		57.00
L35672							1.00	2.00						3.00			1.00	3.00		10.00
LEAVE															5.00					5.00

*The above hours were ELECTRONICALLY SIGNED ON: 22-NOV-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:						10.00	8.00	9.00	10.50	9.50				8.00	8.00	8.00	9.00	9.00	10.00	99.00
------------------	--	--	--	--	--	-------	------	------	-------	------	--	--	--	------	------	------	------	------	-------	-------

TOTAL HOURS REG= 67.00 HOL= 8.00 OVT= 19.00 ALV= 5.00 OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 11/07/1999

LABOR-COST TO : 11/20/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	TOTAL	CERTIFIED	
	SP-RATE		SP-RATE						

GOUGER T							99.00	Y	

 *** END OF REPORT - 27-DEC-2000 - 12:25 - SID G6CEPMP1 ***

CIC #: 99EPA SUPERFUND
BILLED DATE 01-NOV-1999
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
* *
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* *
* *
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D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.
28017806
PARTIAL # 13 28-SEP-1999 THRU 01-NOV-1999

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

LINE ITEM	MOA	DESCRIPTION
000001	CONTRACT - OUTSIDE GOVERNMENT	TRANSP OF GOVT EMPLOYEES OR OTHERS, PERDIEM ALLOW IN TVL STATUS & OTH INCIDENTAL TRVL EXP
000001	INHOUSE - LABOR	DEPARTMENTAL OVERHEAD COSTS
000001	INHOUSE - LABOR	AREA AND RESIDENT OFFICES OVERHEAD COSTS
000001	INHOUSE - LABOR	GENERAL AND ADMINISTRATIVE OVERHEAD COSTS
000001	INHOUSE - LABOR	LABOR

\$3,109.74

SUBTOTAL

PARTIAL AMOUNT PAID

\$3,109.74

PAYMENT DUE DATE 01-DEC-1999

PAY THIS AMOUNT

\$.00

FUNDS AUTHORIZED: \$279,400.00
TOTAL BILLED AMOUNT: \$90,394.53
PREVIOUS BILLED AMOUNT: \$87,284.79
CURRENT BILLED AMOUNT: \$3,109.74
TOTAL FLUX BILLED: \$.00
PREVIOUS FLUX BILLED: \$.00
CURRENT FLUX BILLED: \$.00

DATE _____

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 20-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 10-1999

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
06-OCT-1999	W59XQG92668925	907191G6	NA	[REDACTED]	1	TRANSPER		[REDACTED]
21-OCT-1999	W59XQG92881724	000332G6	NA	[REDACTED]	1	TRANSPER		[REDACTED]
21-OCT-1999	W59XQG92021691	905953G6	NA	[REDACTED]	1	TRANSPER		[REDACTED]
SUBTOTAL COST:								\$500.23

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
12-OCT-1999	L35672	06-OCT-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25-OCT-1999	L35672	22-OCT-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
25-OCT-1999	L35672	23-OCT-1999	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
SUBTOTAL CO						\$1,626.30	\$408.84	\$574.37	\$2,609.51
TOTAL COST:									\$3,109.74

*** END OF REPORT - 20-DEC-2001 - 12:21 - SID G6CEFMPI ***

Action Edit Block Field Record Query ESIG Help

Trvl Order/Obli:	90719165	Fund Type:	F	SAACONS Site:	
Trvl Ord Amend:	0	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	06-OCT-1999
Vouch Amend No:	0	EAID:		Eff Date:	06-OCT-1999
Setlmtt Amend No:	0	Work Cat:	01A10	Resource Plan:	1
Line Item No:	1	Work Cat Elem:	99998	Cost Type:	WIP
Trvlr/Vendor ID:	GOUGT3557	Fund Work Item:	002DCL	Acct Phse:	E5A
Far Order No:	DW96947840-0560	Resource Code:	TRANSPER	TBO Disb:	N
Mgt Structure:	015558	MOA:	C2	Trans Type:	APR
Appropriation:				Period:	199910
Transaction ID:	2292611	Source:	TRVLCERT	GL Not Posted?	<input type="checkbox"/>

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			283.40
4232.00	C			283.40

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TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0									
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY					
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> OTHER <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000149949					
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.					
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 07Oct1999 USACE FINANCE CENTER			
8. TELEPHONE NUMBER 402-293-2514		9. TRAVEL ORDER NUMBER 907191G6 22Sep1999		10. PREVIOUS PAYMENTS/ADVANCES \$.00									
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O													
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)									
<input type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> UNACCOMPANIED									
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO									
15. ITINERARY													
DATE	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES				
1999													
09/28	DEP	1000	OMAHA / DOUGLAS NE NEBRASKA	TP									
09/28	ARR	1230	ST LOUIS MO MISSOURI		TD								
09/30	DEP	1420	ST LOUIS MO MISSOURI	TP									
09/30	ARR	1630	OMAHA / DOUGLAS NE NEBRASKA		MC								
	DEP												
	ARR												
	DEP												
	ARR												
	DEP												
	ARR												
	DEP												
	ARR												
16. REIMBURSABLE EXPENSES						17. LEAVE			e. SUMMARY OF PAYMENT				
DATE	b. NATURE OF EXPENSE			c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS		(1) Per Diem				
30Sep1999	CREDIT CARD ATM FEE			\$						(2) Actual Expense			
30Sep1999	MILEAGE TO/FROM AIRPORT			\$						(3) Mileage			
30Sep1999	PARKING FEES - AIRPORT			\$						(4) Dependent Travel			
30Sep1999	LODGING TAXES			\$						(5) DLA			
						c. TAKEN BETWEEN				(6) Reimbursable Expense			
						d. AND				(7) Total			
										(8) Less Advance			
										(9) Amount Owed			
										(10) Amount Due			
18. POC TRAVEL:				OWNER/OPERATOR		PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)					
20. Long distance telephone calls are certified as necessary in the interest of the government.								a. GTR/MTA NO.		b. FROM		c. TO	
APPROVING OFFICER (31 USC 1348(b))								7670333448		OMAHA / DOUGLAS NE		ST LOUIS MO MISSOUR	
21. a. CLAIMANT SIGNATURE				b. DATE		22. a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS				b. DATE 04Oct1999			
23. ACCOUNTING CLASS													
24. COLLECTION DATA													
25. COMPUTED BY SHELIA DACQUISTO		26. AUDITED BY JUDITH MORGAN		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 422992 07Oct1999				29. AMOUNT PAID \$283.40			

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.			
1. PAYMENT REQUIRED BY (X one)		2. TYPE OF PAYMENT (X as applicable)			3. FOR D.O. USE ONLY		
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> ELECTRONIC FUND TRANSFER		<input checked="" type="checkbox"/> TDY/ITAD <input type="checkbox"/> PCS <input type="checkbox"/> Member/Employee <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA <input type="checkbox"/> OTHER			a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER		
4. NAME (Last, First, Middle Initial) (Print or type)		5. GRADE		6. SSN		c. PAID BY	
Gouyer Timothy P		GS 12		[REDACTED]			
7. ADDRESS, a. NUMBER AND STREET		b. CITY		c. STATE d. ZIP CODE			
[REDACTED]		[REDACTED]		[REDACTED]			
8. TELEPHONE NUMBER (include Area Code)		9. TRAVEL ORDER NUMBER		10. PREVIOUS PAYMENTS/ADVANCES			
[REDACTED]		9071916		[REDACTED]			
11. ORGANIZATION AND STATION				13. DEPENDENTS' ADDRESS OR RECEIPT OF ORDERS (Include Zip Code)			
CENW-CD-FC							
12. DEPENDENT(S) (X and complete as applicable)							
<input type="checkbox"/> ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE							
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
				YES <input checked="" type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY							
a. DATE 19	b. LOCAL TIME (24 hour)	c. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	d. MEANS/MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS		g. POC MILES
(1) Gov't (B-L-D)	(2) Def (B-L-D)						
9/28	DEP 1000	FT BRICK	PA				
	ARR 1030			AT			
	DEP 1100	Eppler	CP				15
	ARR 1230			TD			
9/30	DEP 1420	St Louis	CP				
	ARR 1540			AT			
	DEP 1600	Eppler	PA				
	ARR 1630			MC			15
	DEP	Home					
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. REIMBURSABLE EXPENSES							17. LEAVE
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DAYS	b. HOURS		
10/1/99	Parking	\$24.00					
	Hotel	\$132.40					
	ATM Fees	\$2.64	✓				
	32X.31	9.30	✓				
	TX	14.96	✓				
18. POC TRAVEL (X one)				19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)			
<input checked="" type="checkbox"/> OWN/OPERATE <input type="checkbox"/> PASSENGER				a. GTR/MTA NO. b. FROM c. TO			
20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT. APPROVING OFFICER (31 USC 1348b)							
21. CLAIMANT SIGNATURE				22. APPROVING OFFICER SIGNATURE		b. DATE	
[Signature]				[Signature]		10/1/99	
23. ACCOUNTING CLASSIFICATION							
ATM Usage ATM Fees: $(\$100.00) / (.019) = \1.14 2.64							
24. COLLECTION DATA							
25. COMPUTED BY		26. AUDITED BY		27. TRAVEL ORDER POSTED BY		28. RECEIVED (Payee Signature and Date or Check No.)	
						29. AMOUNT PAID	
						7670333448	

<http://www.unionplanters.com>

NOT TRANSFERABLE

PASSENGER RECEIPT

A48

BEFORE THE PAGE

ISSUED BY

ISSUED BY TRANS WORLD AIRLINES XXXXXX

TOUR CODE**AGENT CODE**

AGENT CODE
A 2 8 9 2 6 1 2 2

NAME OF PASSENGER

NAME OF PASSENGER
GOUGER/TIM

NAME OF ISSUING AGENT
ALMEDA TVL OMAHA

OMAHA

PLACE OF ISSUE NO CODE DATE OF ISSUE

OF ISSUE ISO CODE DATE OF ISSUE
NE US 23 SEP 99

ON A

NAME OF PASSENGER
GUGER/TIM

PNR/CARRIER CODE FARE BASIS
QWXRQ/AA YCA

FARE BASIS/TICKET DESIGNATOR

6 0011

OSTL TW440 Y 28SEPYCA

X/O FROM **NOT VALID FOR**

THIS IS YOUR RECEIPT

ISSUING AGENT ID
1014*43

ONA TW467 Y 30SEPYCA

X/O TO
**TRANSPORTATION*
ENDORSEMENT RESTRICTIONS

010055 /FCOMA TW STL5

3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3

--- XF 3.00

EQUIV. FARE PD.

FARE
USD 107.40

STOCK CONTROL NO. TX 889 CK

CPN

DOCUMENT NUMBER

CK

PGS

WT

UNCKED

BAGGAGE ID NUMBER

TAX **US 8.60**

57083579416

0 015 7670333448 5

TAX	7 P	4.00
-----	-----	------

TOTAL USD 123.00

PCS WT UNCRD BAGGAGE ID NUMBER
NOT VALID FOR TRAVEL

0 015 7670333448 5

AA28926122

SALES PERSON: 40
CUSTOMER NBR: 555101

ITINERARY/INVOICE NO. 0018386
QWMXRQ

DATE: 23 SEP 99
PAGE: 01

TO: CARLSON WAGONLIT TRAVEL
215 N 17TH STREET
ROOM 1205
OMAHA, NE 68102

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIM

REF: CTASTL,096252,COEOMA

28 SEP 99 - TUESDAY

AIR TRANS WORLD AIRLINES FLT:440 COACH
LV OMAHA 1105A

EQP: BOEING 727-200
01HR 15MIN
NON-STOP
REF: 4EV82B

AR ST LOUIS INTL 1220P
ARRIVE: MAIN TERMINAL
GOUGER/TIM SEAT-28E

OTHER SEAT

MIDDLE SEAT BEST AVAILABLE AT TIME OF BOOKING, PLEASE RE-
CHECK AT GATE FOR BETTER SELECTION.

30 SEP 99 - THURSDAY

AIR TRANS WORLD AIRLINES FLT:467 COACH
LV ST LOUIS INTL 220P
DEPART: MAIN TERMINAL
AR OMAHA 339P

EQP: BOEING 727-200
01HR 19MIN
NON-STOP
REF: 4EV82B

OTHER SEAT

SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY.

29 DEC 99 - WEDNESDAY

OTHER INFORMATION

THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET TW7670333448
ELEC TKT

GOUGER TIM
BILLED TO

123.00*

SUB TOTAL
NET CC BILLING

123.00
123.00*

TOTAL AMOUNT DUE

0.00

CONTINUED ON PAGE 2

ITINERARY

SALES PERSON: 40
CUSTOMER NBR: 555101

ITINERARY/INVOICE NO. 0018386
QWMXRQ

DATE: 23 SEP 99
PAGE: 02

TO: CARLSON WAGONLIT TRAVEL
215 N 17TH STREET
ROOM 1205
OMAHA, NE 68102

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIM

REF: CTASTL,096252,COEOMA

----- INFORMATION FOR ARMY TRAVELERS -----
IF YOU NEED TO CONTACT THE ARMY MILITARY LODGING
RESERVATION CENTER DIRECT, THE PHONE NUMBER IS
1-800-GO ARMY 1 OR 800-462-7691. --LODGING ONLY--
XX
FOR ASSISTANCE WHILE ENROUTE, AFTER NORMAL BUSINESS
HOURS CALL OUR 24HR SERVICE CENTER AT 1-800-288-5999.
TICKET RECEIVED
CLIENT SIGNATURE.....
YOUR PERSONAL ID CODE IS S10L4/CTO
THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL
FOR EMERGENCIES DURING BUSINESS HOURS,
PLEASE CALL 1-800-945-0535
FARE-A40 YCA
CAR DECLINED//23SEP

J/757 CONTRACT CARRIER USED FOR ENTIRE TRIP
J3-COEOMA,X
J5-96X3122, ,
J6- ,
J7-23SEP99 0000000907191G6
J8-0000000000

Holiday Inn

EXPRESS

Name & Address

TIMOTHY BOJSEF

WIFE

[REDACTED]

[REDACTED]

[REDACTED]

Room	1204
Arrive Date	12/29/82
Dept. Date	12/30/82
Folio #	0
Room Rate	80.00
Account	120404
Mkt/Seg	1204

113

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
12/29	120	120404	847	STANDARD ROOM	80.00	0.00	80.00
12/29	120	120404	847	TAXES	7.00	0.00	87.00
12/30	120	120404	847	STANDARD ROOM	80.00	0.00	167.00
12/30	120	120404	847	TAXES	7.00	0.00	174.00
12/30	120	120404	847	TAXES	7.00	-174.00	0.00

TOTAL

113

ACCT. NO.	[REDACTED]
CARD MEMBER NAME	[REDACTED]
ESTABLISHMENT NO. & LOCATION	ESTABLISHMENT ALIENS TO TRANSFER TO CARD FOLDER FOR PAYMENT
CARD MEMBER'S SIGNATURE	X [Signature]

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE REFUNDED OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.
12/29	1204
AUTHORIZATION	I.D.
PURCHASES & SERVICES	
TOTAL AMOUNT	

Holiday Inn EXPRESS

Name & Address:

THOMAS S. SLOAN

ONE

[REDACTED]

[REDACTED]

[REDACTED]

Room 111
Arrive Date 10/01/88
Dept. Date 10/01/88
Folio # 1
Room Rate 80.00
Account 11111111
Mkt/Seg 11111

9108

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
10/01/88	111	11111111	111	DISCOUNT ROOM	80.00	0.00	80.00
10/01/88	111	11111111	111	SALES TAX	7.99	0.00	87.99
10/01/88	111	11111111	111	DISCOUNT ROOM	80.00	0.00	167.99
10/01/88	111	11111111	111	SALES TAX	7.99	0.00	175.98
10/01/88	111	11111111	111	TAXES	0.00	175.98	0.00
				TOTAL	175.98		175.98

TOTAL

175.98

ACCT. NO. [REDACTED]
CARD MEMBER NAME [REDACTED]
ESTABLISHMENT NO. & LOCATION [REDACTED]
CARD MEMBER'S SIGNATURE X [REDACTED]

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE REFUNDABLE OR RETURNED FOR A CASH REFUND

DATE OF CHARGE 10/01/88	FOLIO NO./CHECK NO. 11111111
AUTHORIZATION [REDACTED]	I.D. [REDACTED]
PURCHASES & SERVICES [REDACTED]	
TOTAL AMOUNT 175.98	

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 22-SEP-1999	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 293-2500	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 3		10b. PROCEED O/A (DATE) 28-SEP-1999					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 28-SEP-1999 AT 700 HRS TO : ST LOUIS MO MISSOURI DEPART ON 30-SEP-1999 AT 2000 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM \$336.00		TRAVEL \$223.00		OTHER \$100.00		TOTAL \$659.00	
\$.00							
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT. TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 22-SEP-1999				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 22-SEP-1999			
AUTHORIZATION							
19. ACCOUNTING CITATION 100% <div style="background-color: black; width: 400px; height: 20px; margin-top: 5px;"></div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						21. DATE ISSUED 23-SEP-1999	
						22. TRAVEL ORDER NUMBER 907191G6	

907191G6

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 1800053195

Check No Trace: 1800053195

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?: ☐

Type: TRV SETLMT

FOA Code: G6

Check Date: 07-OCT-1999

Reference No: 907191G6

Amount: 283.40

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P COUGER

Certified By: AUTRY, SHIRLEY LE

Date Signed: 07-OCT-1999

Initial Signature: 345DAC812FE9413037E

Disbursing Officer's Signature: 37FCB90F

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 2/2

Action Edit Block Field Record Query ESIG Help

Trvl Order/Obli:	00033306	Fund Type:	F	SAACONS Site:	
Trvl Ord Amend:	0	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	21-OCT-1999
Vouch Amend No:	0	EAID:		Eff Date:	21-OCT-1999
Setlmtt Amend No:	0	Work Cat:	01A10	Resource Plan:	1
Line Item No:	1	Work Cat Elem:	99998	Cost Type:	WIP
Trvlr/Vendor ID:	GOUGT3557	Fund Work Item:	002DCL	Acct Phse:	B5A
Far Order No:	DW96947840-0560	Resource Code:	TRANSPER	TBO Disb:	N
Mgt Structure:	015558	MOA:	C2	Trans Type:	APR
Appropriation:				Period:	199910
Transaction ID:	2313590	EOR:	21T2	GL Not Posted?	
Source:	TRVLCERT				

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			55.18
4232.00	C			55.18

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 7/?

Read Privacy Act Statement, Privacy Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS NAME, DO NOT use pencil. If more space is needed, continue in Remarks.

TOTAL P.01

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0							
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000152188			
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.			
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 22Oct1999 USACE FINANCE CENTER USACE FINANCE CENTER	
8. TELEPHONE NUMBER 402-293-2514				9. TRAVEL ORDER NUMBER 000332G6 15Oct1999		10. PREVIOUS PAYMENTS/ADVANCES \$.00					
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O											
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)							
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED		<input type="checkbox"/> YES <input type="checkbox"/> NO					
15. ITINERARY											
DATE	LOCAL TIME	PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES			
1999											
10/19	DEP 0730	OMAHA / DOUGLAS NE NEBRASKA	TP								
10/19	ARR 0945	CHICAGO / COOK IL ILLINOIS		TD							
10/19	DEP 2015	CHICAGO / COOK IL ILLINOIS	TP								
10/19	ARR 2230	OMAHA / DOUGLAS NE NEBRASKA		MC							
	DEP										
	ARR										
	DEP										
	ARR										
	DEP										
	ARR										
16. REIMBURSABLE EXPENSES						17. LEAVE		e. SUMMARY OF PAYMENT			
DATE	b. NATURE OF EXPENSE		c. AMOUNT	b. ALLOWED		a. DAYS	b. HOURS	(1) Per Diem			
19Oct1999	CREDIT CARD ATM FEE		\$					(2) Actual Expense			
19Oct1999	MILEAGE TO/FROM AIRPORT		\$					(3) Mileage			
19Oct1999	PARKING FEES - AIRPORT		\$					(4) Dependent Travel			
19Oct1999	TRANSPORTATION - SUBWAY		\$					(5) DLA			
						c. TAKEN BETWEEN		(6) Reimbursable Expense			
						d. AND		(7) Total			
								(8) Less Advance			
								(9) Amount Owed			
								(10) Amount Due			
18. POC TRAVEL:		OWNER/OPERATOR		PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)					
20. Long distance telephone calls are certified as necessary in the interest of the government.						a. GTR/MTA NO.		b. FROM		c. TO	
APPROVING OFFICER (31 USC 1348(b))						7677703620		OMAHA / DOUGLAS NE		CHICAGO / COOK IL I	
21.a. CLAIMANT SIGNATURE				b. DATE		22.a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS				b. DATE 20Oct1999	
23. ACCOUNTING CLASS 100 * FUNDED											
24. COLLECTION DATA											
25. COMPUTED BY JUDITH MORGAN		26. AUDITED BY SHARION BRIGHTWEL		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 449197 22Oct1999		29. AMOUNT PAID \$55.18			

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.

1. PAYMENT REQUIRED BY (X one) CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER <input type="checkbox"/>		2. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TOY/TAD <input type="checkbox"/> PCS <input type="checkbox"/> Member/Employee <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER	
4. NAME (Last, First, Middle Initial) (Print or type) Gouger Timothy P		5. GRADE GS12		6. SSN [REDACTED]	
7. ADDRESS, a. NUMBER AND STREET [REDACTED]		b. CITY [REDACTED]		c. STATE [REDACTED]	
8. TELEPHONE NUMBER (include Area Code) [REDACTED]		9. TRAVEL ORDER NUMBER		10. PREVIOUS PAYMENTS/ADVANCES X	
11. ORGANIZATION AND STATION CENW-40-FL		12. DEPENDENT(S) (X and complete as applicable) ACCOMPANIED <input checked="" type="checkbox"/> UNACCOMPANIED <input type="checkbox"/> a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) X	
				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Explain in Remarks)	
15. ITINERARY				4. COMPUTATIONS	
a. DATE 10/19	b. LOCAL TIME (24 hour)	c. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	d. MEANS/ MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS (1) Gov't (B-L-O) (2) Dtd (B-L-O)
10/19	DEP 0730	Home	PA	AT	
	ARR 0800				
	DEP 0830	Eppley	CP	TD	
	ARR 0945				
	DEP 2015	Chicago IL	CP	AT	
	ARR 2140				
	DEP 2200	Eppley	PA	MC	
	ARR 0650				
	DEP	Home			
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
	DEP				
	ARR				
18. REIMBURSABLE EXPENSES		17. LEAVE		4. SUMMARY OF PAYMENT	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DAYS	b. HOURS
10/19	Parking	\$8.00	✓		
	ATM Fee	\$0.38	✓		
	CTD	\$3.00	✓		
	30X.31	9.30	✓		
18. POC TRAVEL (X one) OWN/OPERATE PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)		(1) Per Diem	
20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT. APPROVING OFFICER (31 USC 1348b)		a. GTR/MTA NO.		(2) Actual Expense Allowance	
7677703620		b. FROM		(3) Mileage	
		c. TO		(4) Dependent Travel	
21. a. CLAIMANT SIGNATURE		b. DATE		(5) DLA	
				(6) Reimbursable Expenses	
22. a. APPROVING OFFICER SIGNATURE		b. DATE		(7) Total	
				(8) Less Advance	
				(9) Amount Owed	
				(10) Amount Due	
23. ACCOUNTING CLASSIFICATION Atch Fee: (0.09) (\$20) = \$38					
24. COLLECTION DATA					
25. COMPUTED BY	26. AUDITED BY	27. TRAVEL ORDER POSTED BY	28. RECEIVED (Payee Signature and Date or Check No.)	29. AMOUNT PAID	

99 300 002
PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
ETK 1

CTAORD, 096252, COLUMA
PASSENGER RECEIPT

55121

0018735

AA4

ISSUED BY UNITED AIRLINES
NAME OF ISSUING AGENT ALMEDA TVL OMAHA
NAME OF PASSENGER GUGGER/TIMOTHY
XO FROM NOT VALID FOR * * * * * THIS IS YOUR RECEIPT
XO TO ** TRANSPORTATION *
ENDORSEMENTS/RESTRICTIONS
ARC FLYER X
X XXXX TOUR CODE
PLACE OF ISSUE NE US150C199
NAME OF PASSENGER GUGGER/TIMOTHY
XO FROM NOT VALID FOR * * * * * THIS IS YOUR RECEIPT
XO TO ** TRANSPORTATION *
ENDORSEMENTS/RESTRICTIONS

34.88 UA OMA134.8BYCA 269.76 END ZPOMAORD XFORD3

072337 /FCOMA UA CH11

FARE . XF 3.00
USD 269.76 EQUIV. FARE PD.
TX US 20.24 STOCK CONTROL NO. 77 688 CR
TX ZP 4.50 570872229684
TOTAL USD 297.50

0 DLB 7677703620 0

NOT VALID FOR TRAVEL
0 016 7677703620 0
AA28926122

IT IS UNLAWFUL TO PURCHASE OR RESELL THIS TICKET FROM ANY
ENTRY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

SALES PERSON: 44
CUSTOMER NBR: 555101

ITINERARY/INVOICE NO. 0018735
RAAQXY

DATE: 15 OCT 99
PAGE: 01

TO: ETKT 180CT

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIMOTHY

REF: CTAORD, 096252, COEOMA

19 OCT 99 - TUESDAY

AIR	UNITED AIRLINES	FLT:748	COACH	
	LV OMAHA		828A	EQP: BOEING 757
				01HR 17MIN
	AR CHICAGO OHARE		945A	NON-STOP
	ARRIVE: TERMINAL 1			REF: TVTZF0
	GOUGER/TIMOTHY	SEAT-14E		

OTHER SEAT

MIDDLE SEAT BEST AVAILABLE AT TIME OF BOOKING, PLEASE RE-CHECK AT GATE FOR BETTER SELECTION.

AIR	UNITED AIRLINES	FLT:775	COACH	
	LV CHICAGO OHARE		815P	EQP: BOEING 757
	DEPART: TERMINAL 1			01HR 25MIN
	AR OMAHA		940P	NON-STOP
				REF: TVTZF0

OTHER SEAT

SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY.

16 APR 00 - SUNDAY

OTHER INFORMATION

THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET UA7677703620
ELEC TKT

GOUGER TIMOTHY
BILLED TO [REDACTED] 297.50

SUB TOTAL 297.50

NET CC BILLING 297.50

TOTAL AMOUNT DUE 0.00

CONTINUED ON PAGE 2

SALES PERSON: 44
CUSTOMER NBR: 555101

ITINERARY/INVOICE NO. 0018735
RAAQXY

DATE: 15 OCT 9
PAGE: 02

TO: ETKT 18OCT .

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIMOTHY

REF: CTAORD,096252,COEOMA

X ----- INFORMATION FOR ARMY TRAVELERS -----
IF YOU NEED TO CONTACT THE ARMY MILITARY LODGING
RESERVATION CENTER DIRECT, THE PHONE NUMBER IS
1-800-GO ARMY 1 OR 800-462-7691. --LODGING ONLY--
XX

FOR ASSISTANCE WHILE ENROUTE, AFTER NORMAL BUSINESS
HOURS CALL OUR 24HR SERVICE CENTER AT 1-800-288-5999.
TICKET RECEIVED

CLIENT SIGNATURE.....
YOUR PERSONAL ID CODE IS 810L4/CTO
THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL
FOR EMERGENCIES DURING BUSINESS HOURS,
PLEASE CALL 1-800-945-0535
FARE-A44 YCA
CAR DECLINED//14OCT

J/364 CONTRACT CARRIER USED FOR ENTIRE TRIP
U3-COEOMA,X
U5-96X3122, ,
U6- ,
U7-15OCT99 000000000033266
U8-0000000000

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21						1. DATE OF REQUEST 15-OCT-1999	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last,First,Middle Initial) SSN GOUGER, TIMOTHY P				3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 293-2500	
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE		9. PURPOSE OF TDY RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a. APPROX NO. DAYS OF TDY (Including travel time) 1		b. PROCEED O/A (DATE) 19-OCT-1999					
11. ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 19-OCT-1999 AT 600 HRS TO : CHICAGO / COOK IL ILLINOIS DEPART ON 19-OCT-1999 AT 2300 HRS							
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)						<input type="checkbox"/> More advantageous to government	
						<input type="checkbox"/> Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)							
14. ESTIMATED COST						15. ADVANCE AUTHORIZED	
PER DIEM \$155.00		TRAVEL \$347.50		OTHER \$100.00		TOTAL \$602.50	
						\$.00	
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT. TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.							
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 15-OCT-1999				18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 15-OCT-1999			
AUTHORIZATION							
19. ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 20px; margin-bottom: 5px;"></div> <div style="float: right;">100%</div>							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113						21. DATE ISSUED 15-OCT-1999 22. TRAVEL ORDER NUMBER 000332G6	

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 449137

Check No Trace: 1800054204

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?: ☐

Type: TRV SETLMT

FOA Code: C6

Check Date: 22-OCT-1999

Reference No: 000332C6

Amount: 55.18

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P GOUGER

Certified By: AUTRY, SHIRLEY LE

Date Signed: 22-OCT-1999

Initial Signature: K52D91BBCB008FAB381

Disbursing Officer's Signature: 38106521

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 2/2

Action Edit Block Field Record Query ESIG Help

Trvl Order/Obli:	90595306	Fund Type:	F	SAACONS Site:	
Trvl Ord Amend:	0	Approp Status:	C	Debtor Bill No:	
Vouch Seq No:	1	Approp Type:	C	Trans Date:	21-OCT-1999
Vouch Amend No:	0	EAID:		Eff Date:	21-OCT-1999
Setlmtt Amend No:	0	Work Cat:	32207	Resource Plan:	1
Line Item No:	1	Work Cat Elem:	99998	Cost Type:	WIP
Trvlr/Vendor ID:	GOUGT3557	Fund Work Item:	002DCL	Acct Phse:	B5A
Far Order No:	DW96947840-0560	Resource Code:	TRANSPER	TBO Disb:	N
Mgt Structure:	015558	MOA:	C2	Trans Type:	APR
Appropriation:				Period:	199910
Transaction ID:	2313689	EOR:	21T2	GL Not Posted?	
Source:	TRVLCERT				

GL Acct	Dr/Cr	Account Name	Debit Amount	Credit Amount
1311.25	D			
4252.00	D			
4821.00	D			
6500.32	D			
2113.00	C			161.65
4232.00	C			161.65

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 6/?

TRAVEL VOUCHER OR SUBVOUCHER				TV NO: 1 AMEND NO: 0									
1. PAYMENT REQUIRED BY				2. TYPE OF PAYMENT				3. FOR DO USE ONLY					
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER				<input checked="" type="checkbox"/> TDY/TAD <input type="checkbox"/> PCS MEMBER / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> DEPENDENT(S) <input type="checkbox"/> DLA				a. DO VOUCHER NO. 0000152191					
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRADE 12		6. SSN Privacy Act Data		b. SUBVOUCHER NO.					
7. ADDRESS a. NUMBER AND STREET Privacy Act Information.				b. CITY Privacy Act Information.		c. STATE		d. ZIP CODE		c. PAID BY 8736 22Oct1999 USACE FINANCE CENTER			
8. TELEPHONE NUMBER 402-293-2514		9. TRAVEL ORDER NUMBER 905953G6 21Jul1999		10. PREVIOUS PAYMENTS/ADVANCES \$.00									
11. ORGANIZATION AND STATION RAPID RESPONSE RESIDENT O													
12. DEPENDENT(S)				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS SEE ATTACHED (IF APPLICABLE)									
<input type="checkbox"/> ACCOMPANIED				<input type="checkbox"/> UNACCOMPANIED									
SEE ATTACHED (IF APPLICABLE)				14. HOUSEHOLD GOODS SHIPPED <input type="checkbox"/> YES <input type="checkbox"/> NO									
15. ITINERARY													
DATE	LOCAL TIME		PLACE	MODE OF TRVL	REAS FOR STOP	DAILY LODGING COSTS	NUMBER OF MEALS Gov't Ded		POC MILES				
1999													
07/26	DEP	1500	OMAHA / DOUGLAS NE NEBRASKA	TP									
07/26	ARR	1800	ST LOUIS MO MISSOURI		TD	60.00							
07/27	DEP	1720	ST LOUIS MO MISSOURI	TP									
07/27	ARR	1930	OMAHA / DOUGLAS NE NEBRASKA		MC								
	DEP												
	ARR												
	DEP												
	ARR												
	DEP												
	ARR												
	DEP												
	ARR												
16. REIMBURSABLE EXPENSES						17. LEAVE			e. SUMMARY OF PAYMENT				
DATE	b. NATURE OF EXPENSE			c. AMOUNT	b. ALLOWED	a. DAYS	b. HOURS		(1) Per Diem \$136.35				
27Jul1999	MILEAGE TO/FROM AIRPORT			\$ 9.30						(2) Actual Expense			
27Jul1999	PARKING FEES - AIRPORT			\$ 16.00						(3) Mileage			
27Jul1999	LODGING TAXES			\$ 7.35						(4) Dependent Travel			
						c. TAKEN BETWEEN				(5) DLA			
						d. AND				(6) Reimbursable Expense \$25.30			
										(7) Total \$161.65			
										(8) Less Advance			
										(9) Amount Owed			
										(10) Amount Due \$161.65			
18. POC TRAVEL:				OWNER/OPERATOR		PASSENGER		19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)					
20. Long distance telephone calls are certified as necessary in the interest of the government.								a. GTR/MTA NO.		b. FROM		c. TO	
APPROVING OFFICER (31 USC 1348(b))								7655880702		OMAHA / DOUGLAS NEB		ST LOUIS MO MISSOUR	
21.a. CLAIMANT SIGNATURE				b. DATE		22.a. APPROVING OFFICER SIGNATURE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS				b. DATE 20Oct1999			
23. ACCOUNTING CLASS												100 % FUNDED	
24. COLLECTION DATA													
25. COMPUTED BY JUDITH MORGAN		26. AUDITED BY SHARION BRIGHTWEL		27. TRVL ORD POSTED BY		28. RECEIVED (Payee signature and date or check no.) 449205 22Oct1999				29. AMOUNT PAID \$161.65			

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in Remarks.

1. PAYMENT REQUIRED BY (X one) CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> ELECTRONIC FUND TRANSFER <input type="checkbox"/>		2. TYPE OF PAYMENT (X as applicable) TOY/TAG <input checked="" type="checkbox"/> PCS <input type="checkbox"/> Member/Employee <input type="checkbox"/> Dependent <input type="checkbox"/> DLA <input type="checkbox"/> OTHER <input type="checkbox"/>		3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER			
4. NAME (Last, First, Middle Initial) (Print or type) Gouger Timothy P		5. GRADE GS12		6. SSN 5010-843557			
7. ADDRESS, a. NUMBER AND STREET [REDACTED]		b. CITY [REDACTED]		c. STATE [REDACTED]			
8. TELEPHONE NUMBER (Include Area Code) [REDACTED]		9. TRAVEL ORDER NUMBER 905953G10		10. PREVIOUS PAYMENTS/ADVANCES [REDACTED]			
11. ORGANIZATION AND STATION CENWFO-CD-FC		12. DEPENDENTS (X and complete as applicable) ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED <input checked="" type="checkbox"/>		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) [REDACTED]			
a. NAME (Last, First, Middle Initial) [REDACTED]		b. RELATIONSHIP [REDACTED]		c. DATE OF BIRTH OR MARRIAGE [REDACTED]			
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Explain in Remarks)		4. COMPUTATIONS					
15. ITINERARY							
a. DATE 19	b. LOCAL TIME (24 hour)	c. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	d. MEANS/ MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS		g. POC MILES
					(1) Gov't (B-L-D)	(2) DOD (B-L-D)	
9/27	DEP 1500	FT Crane	PA				
	ARR 1530			AT			15
	DEP 1600	Eppler	CP				
	ARR 1800			TD			
9/27	DEP 1720	St Louis	CP		60		
	ARR 1740			AT			
	DEP 1900	Eppler	PA				
	ARR 1930			MC			15
	DEP	Home					
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
16. REIMBURSABLE EXPENSES						17. LEAVE	
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DAYS	b. HOURS	18. SUMMARY OF PAYMENT	
9/27	Hotel	\$61.36	7.35			(1) Per Diem	
	Parking	\$16.00				(2) Actual Expense Allowance	
	Food					(3) Mileage	
	30X31	9.30				(4) Dependent Travel	
						(5) DLA	
						(6) Reimbursable Expenses	
						(7) Total	
						(8) Less Advance	
						(9) Amount Owed	
						(10) Amount Due	
19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)				20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT.			
a. GTR/MTA NO.		b. FROM		c. TO			
21. a. CLAIMANT SIGNATURE Timothy P Gouger		b. DATE 10/20/91		22. a. APPROVING OFFICER SIGNATURE		b. DATE	
23. ACCOUNTING CLASSIFICATION not misplaced travel documentation + forgot to fill out voucher. Found documentation in 10/19/91 trip + submitted							
24. COLLECTION DATA							
25. COMPUTED BY		26. AUDITED BY		27. TRAVEL ORDER POSTED BY		28. RECEIVED (Payee Signature and Date or Check No.)	
						29. AMOUNT PAID	

[illegible]

IT IS UNLAWFUL TO PURCHASE OR RESALE THIS TICKET FROM ANY ENTITY OTHER THAN THE ISSUING CARRIER OR ITS AUTHORIZED AGENTS.

SALES PERSON: 41
CUSTOMER NBR: 555101

ITINERARY/INVOICE NO. 0017047
SAXFFF

DATE: 22 JUL
PAGE: 01

TO: ETKT 23JUL

MAIL REFUNDS W/ORDERS TO-
CARLSON WAGONLIT TRAVEL
COE/OMAHA
215 N 17TH STREET
ROOM 106B
OMAHA NE 68102

FOR: GOUGER/TIMOTHY

REF: CTASTL,096252,COEDMA

25 JUL 99 - MONDAY

AIR TRANS WORLD AIRLINES FLT:529 COACH
LV OMAHA 440P

EQP: BOEING 767-300
31HR 15MIN
NON-STOP
REF: KCZU23

AR ST LOUIS INTL 555P
ARRIVE: MAIN TERMINAL
GOUGER/TIMOTHY SEAT-19E

OTHER SEAT

MIDDLE SEAT BEST AVAILABLE AT TIME OF BOOKING, PLEASE RE-
CHECK AT GATE FOR BETTER SELECTION.

27 JUL 99 - TUESDAY

AIR TRANS WORLD AIRLINES FLT:577 COACH
LV ST LOUIS INTL 520P
DEPART: MAIN TERMINAL
AR OMAHA 643P

EQP: BOEING 767-300
31HR 23MIN
NON-STOP
REF: KCZU23

GOUGER/TIMOTHY SEAT-23F

OTHER SEAT

WINDOW SEAT BEST AVAILABLE AT TIME OF BOOKING, PLEASE RE-
CHECK AT GATE FOR BETTER SELECTION.

25 OCT 99 - MONDAY

OTHER INFORMATION

THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

ATE TICKET 107355860742
ELEC TKT

GOUGER/TIMOTHY
BILLED TO

175.00

SUB TOTAL

175.00

NET CC BILLING

175.00

TOTAL AMOUNT DUE

175.00

CONTINUED ON PAGE 2

Holiday Inn EXPRESS®

1607 Pontiac Drive
Cahokia, IL 62206
(618) 332-2000 • Fax: (618) 332-3660

Name & Address

Mr. & Mrs. J. J. Jones

100

100

100

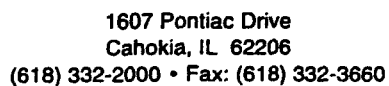
100

Room	808-11
Arrive Date	10/25/88
Dept. Date	10/27/88
Folio #	1
Room Rate	80.00
Account	100-1000
Mkt/Seg	100-1000

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
10/25/88	100	100	100	Room Charge	80.00		80.00
10/26/88	100	100	100	Room Charge	80.00		160.00
10/27/88	100	100	100	Room Charge	80.00		240.00
10/28/88	100	100	100	Room Charge	80.00		320.00
10/29/88	100	100	100	Room Charge	80.00		400.00
10/30/88	100	100	100	Room Charge	80.00		480.00
10/31/88	100	100	100	Room Charge	80.00		560.00
11/01/88	100	100	100	Room Charge	80.00		640.00
11/02/88	100	100	100	Room Charge	80.00		720.00
11/03/88	100	100	100	Room Charge	80.00		800.00
11/04/88	100	100	100	Room Charge	80.00		880.00
11/05/88	100	100	100	Room Charge	80.00		960.00
11/06/88	100	100	100	Room Charge	80.00		1040.00
11/07/88	100	100	100	Room Charge	80.00		1120.00
11/08/88	100	100	100	Room Charge	80.00		1200.00
11/09/88	100	100	100	Room Charge	80.00		1280.00
11/10/88	100	100	100	Room Charge	80.00		1360.00
11/11/88	100	100	100	Room Charge	80.00		1440.00
11/12/88	100	100	100	Room Charge	80.00		1520.00
11/13/88	100	100	100	Room Charge	80.00		1600.00
11/14/88	100	100	100	Room Charge	80.00		1680.00
11/15/88	100	100	100	Room Charge	80.00		1760.00
11/16/88	100	100	100	Room Charge	80.00		1840.00
11/17/88	100	100	100	Room Charge	80.00		1920.00
11/18/88	100	100	100	Room Charge	80.00		2000.00
11/19/88	100	100	100	Room Charge	80.00		2080.00
11/20/88	100	100	100	Room Charge	80.00		2160.00
11/21/88	100	100	100	Room Charge	80.00		2240.00
11/22/88	100	100	100	Room Charge	80.00		2320.00
11/23/88	100	100	100	Room Charge	80.00		2400.00
11/24/88	100	100	100	Room Charge	80.00		2480.00
11/25/88	100	100	100	Room Charge	80.00		2560.00
11/26/88	100	100	100	Room Charge	80.00		2640.00
11/27/88	100	100	100	Room Charge	80.00		2720.00
11/28/88	100	100	100	Room Charge	80.00		2800.00
11/29/88	100	100	100	Room Charge	80.00		2880.00
11/30/88	100	100	100	Room Charge	80.00		2960.00
12/01/88	100	100	100	Room Charge	80.00		3040.00
12/02/88	100	100	100	Room Charge	80.00		3120.00
12/03/88	100	100	100	Room Charge	80.00		3200.00
12/04/88	100	100	100	Room Charge	80.00		3280.00
12/05/88	100	100	100	Room Charge	80.00		3360.00
12/06/88	100	100	100	Room Charge	80.00		3440.00
12/07/88	100	100	100	Room Charge	80.00		3520.00
12/08/88	100	100	100	Room Charge	80.00		3600.00
12/09/88	100	100	100	Room Charge	80.00		3680.00
12/10/88	100	100	100	Room Charge	80.00		3760.00
12/11/88	100	100	100	Room Charge	80.00		3840.00
12/12/88	100	100	100	Room Charge	80.00		3920.00
12/13/88	100	100	100	Room Charge	80.00		4000.00
12/14/88	100	100	100	Room Charge	80.00		4080.00
12/15/88	100	100	100	Room Charge	80.00		4160.00
12/16/88	100	100	100	Room Charge	80.00		4240.00
12/17/88	100	100	100	Room Charge	80.00		4320.00
12/18/88	100	100	100	Room Charge	80.00		4400.00
12/19/88	100	100	100	Room Charge	80.00		4480.00
12/20/88	100	100	100	Room Charge	80.00		4560.00
12/21/88	100	100	100	Room Charge	80.00		4640.00
12/22/88	100	100	100	Room Charge	80.00		4720.00
12/23/88	100	100	100	Room Charge	80.00		4800.00
12/24/88	100	100	100	Room Charge	80.00		4880.00
12/25/88	100	100	100	Room Charge	80.00		4960.00
12/26/88	100	100	100	Room Charge	80.00		5040.00
12/27/88	100	100	100	Room Charge	80.00		5120.00
12/28/88	100	100	100	Room Charge	80.00		5200.00
12/29/88	100	100	100	Room Charge	80.00		5280.00
12/30/88	100	100	100	Room Charge	80.00		5360.00
12/31/88	100	100	100	Room Charge	80.00		5440.00
1/01/89	100	100	100	Room Charge	80.00		5520.00
1/02/89	100	100	100	Room Charge	80.00		5600.00
1/03/89	100	100	100	Room Charge	80.00		5680.00
1/04/89	100	100	100	Room Charge	80.00		5760.00
1/05/89	100	100	100	Room Charge	80.00		5840.00
1/06/89	100	100	100	Room Charge	80.00		5920.00
1/07/89	100	100	100	Room Charge	80.00		6000.00
1/08/89	100	100	100	Room Charge	80.00		6080.00
1/09/89	100	100	100	Room Charge	80.00		6160.00
1/10/89	100	100	100	Room Charge	80.00		6240.00
1/11/89	100	100	100	Room Charge	80.00		6320.00
1/12/89	100	100	100	Room Charge	80.00		6400.00
1/13/89	100	100	100	Room Charge	80.00		6480.00
1/14/89	100	100	100	Room Charge	80.00		6560.00
1/15/89	100	100	100	Room Charge	80.00		6640.00
1/16/89	100	100	100	Room Charge	80.00		6720.00
1/17/89	100	100	100	Room Charge	80.00		6800.00
1/18/89	100	100	100	Room Charge	80.00		6880.00
1/19/89	100	100	100	Room Charge	80.00		6960.00
1/20/89	100	100	100	Room Charge	80.00		7040.00
1/21/89	100	100	100	Room Charge	80.00		7120.00
1/22/89	100	100	100	Room Charge	80.00		7200.00
1/23/89	100	100	100	Room Charge	80.00		7280.00
1/24/89	100	100	100	Room Charge	80.00		7360.00
1/25/89	100	100	100	Room Charge	80.00		7440.00
1/26/89	100	100	100	Room Charge	80.00		7520.00
1/27/89	100	100	100	Room Charge	80.00		7600.00
1/28/89	100	100	100	Room Charge	80.00		7680.00
1/29/89	100	100	100	Room Charge	80.00		7760.00
1/30/89	100	100	100	Room Charge	80.00		7840.00
1/31/89	100	100	100	Room Charge	80.00		7920.00
2/01/89	100	100	100	Room Charge	80.00		8000.00
2/02/89	100	100	100	Room Charge	80.00		8080.00
2/03/89	100	100	100	Room Charge	80.00		8160.00
2/04/89	100	100	100	Room Charge	80.00		8240.00
2/05/89	100	100	100	Room Charge	80.00		8320.00
2/06/89	100	100	100	Room Charge	80.00		8400.00
2/07/89	100	100	100	Room Charge	80.00		8480.00
2/08/89	100	100	100	Room Charge	80.00		8560.00
2/09/89	100	100	100	Room Charge	80.00		8640.00
2/10/89	100	100	100	Room Charge	80.00		8720.00
2/11/89	100	100	100	Room Charge	80.00		8800.00
2/12/89	100	100	100	Room Charge	80.00		8880.00
2/13/89	100	100	100	Room Charge	80.00		8960.00
2/14/89	100	100	100	Room Charge	80.00		9040.00
2/15/89	100	100	100	Room Charge	80.00		9120.00
2/16/89	100	100	100	Room Charge	80.00		9200.00
2/17/89	100	100	100	Room Charge	80.00		9280.00
2/18/89	100	100	100	Room Charge	80.00		9360.00
2/19/89	100	100	100	Room Charge	80.00		9440.00
2/20/89	100	100	100	Room Charge	80.00		9520.00
2/21/89	100	100	100	Room Charge	80.00		9600.00
2/22/89	100	100	100	Room Charge	80.00		9680.00
2/23/89	100	100	100	Room Charge	80.00		9760.00
2/24/89	100	100	100	Room Charge	80.00		9840.00
2/25/89	100	100	100	Room Charge	80.00		9920.00
2/26/89	100	100	100	Room Charge	80.00		10000.00
2/27/89	100	100	100	Room Charge	80.00		10080.00
2/28/89	100	100	100	Room Charge	80.00		10160.00
2/29/89	100	100	100	Room Charge	80.00		10240.00
2/30/89	100	100	100	Room Charge	80.00		10320.00
3/01/89	100	100	100	Room Charge	80.00		10400.00
3/02/89	100	100	100	Room Charge	80.00		10480.00
3/03/89	100	100	100	Room Charge	80.00		10560.00
3/04/89	100	100	100	Room Charge	80.00		10640.00
3/05/89	100	100	100	Room Charge	80.00		10720.00
3/06/89	100	100	100	Room Charge	80.00		10800.00
3/07/89	100	100	100	Room Charge	80.00		10880.00
3/08/89	100	100	100	Room Charge	80.00		10960.00
3/09/89	100	100	100	Room Charge	80.00		11040.00
3/10/89	100	100	100	Room Charge	80.00		11120.00
3/11/89	100	100	100	Room Charge	80.00		11200.00
3/12/89	100	100	100	Room Charge	80.00		11280.00
3/13/89	100	100	100	Room Charge	80.00		11360.00
3/14/89	100	100	100	Room Charge	80.00		11440.00
3/15/89	100	100	100	Room Charge	80.00		11520.00
3/16/89	100	100	100	Room Charge	80.00		11600.00
3/17/89	100	100	100	Room Charge	80.00		11680.00
3/18/89	100	100	100	Room Charge	80.00		11760.00
3/19/89	100	100	100	Room Charge	80.00		11840.00
3/20/89	100	100	100	Room Charge	80.00		11920.00
3/21/89	100	100	100	Room Charge	80.00		12000.00
3/22/89	100	100	100	Room Charge	80.00		12080.00
3/23/89	100	100	100	Room Charge	80.00		12160.00
3/24/89	100	100	100	Room Charge	80.00		12240.00
3/25/89	100	100	100	Room Charge	80.00		12320.00
3/26/89	100	100	100	Room Charge	80.00		12400.00
3/27/89	100	100	100	Room Charge	80.00		12480.00
3/28/89	100	100	100	Room Charge	80.00		12560.00
3/29/89	100	100	100	Room Charge	80.00		12640.00
3/30/89	100	100	100	Room Charge	80.00		12720.00
3/31/89	100	100	100	Room Charge	80.00		12800.00
4/01/89	100	100	100	Room Charge	80.00		12880.00
4/02/89	100	100	100	Room Charge	80.00		12960.00
4/03/89	100	100	100	Room Charge	80.00		13040.00
4/04/89	100	100	100	Room Charge	80.00		13120.00
4/05/89	100	100	100	Room Charge	80.00		13200.00
4/06/89	100	100	100	Room Charge	80.00		13280.00
4/07/89	100	100	100	Room Charge	80.00		13360.00
4/08/89	100	100	100				



Abstract

Room	301
Arrive Date	1-2-80
Dept. Date	1-2-80
Folio #	1
Room Rate	20.00
Account	1-10-80
Mkt/Seg	1-10-80

530

X
SIGNATURE

[illegible]

ACCT. NO.	
[REDACTED]	
CARD MEMBER NAME	
[REDACTED]	
ESTABLISHMENT NO. & LOCATION	ESTABLISHMENT AGREES TO TRANSFER TO CARD ISSUER FOR PAYMENT
[REDACTED]	
CARD MEMBER'S SIGNATURE	
X [REDACTED]	

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	ID
PURCHASES & SERVICES	
TOTAL AMOUNT	

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE SOLD OR RETURNED FOR A CASH REFUND

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST
21-JUL-1999

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P		SSN	3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12	
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE		5. ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6. PHONE NO. 293-2500
7. TYPE OF ORDERS TEMPORARY DUTY		8. SECURITY CLEARANCE	9. PURPOSE OF TDY TECH SUPPORT	
10a. APPROX NO. DAYS OF TDY (Including travel time) 2		b. PROCEED O/A (DATE) 27-JUL-1999		CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL
11. ITINERARY LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 27-JUL-1999 AT 1200 HRS TO : ST LOUIS MO MISSOURI DEPART ON 28-JUL-1999 AT 1900 HRS				
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE				
COMMERCIAL		GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)
RAIL	AIR XX	BUS	SHIP	RATE PER MILE:
AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)				More advantageous to government Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)				
14. ESTIMATED COST				15. ADVANCE AUTHORIZED
PER DIEM \$112.00	TRAVEL \$173.00	OTHER \$100.00	TOTAL \$385.00	\$.00
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT. TRAVEL ADVANCE MUST BE SETTLED WITHIN 15 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.				
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 21-JUL-1999		18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 21-JUL-1999		
AUTHORIZATION				
19. ACCOUNTING CITATION [REDACTED] 100%				
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113			21. DATE ISSUED 22-JUL-1999 22. TRAVEL ORDER NUMBER 905953G6	

905953G6

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 149205

Check No Trace: 1800054210

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?: ☐

Type: TRV SETLMT

FOA Code: G6

Check Date: 22-OCT-1999

Reference No: 905953G6

Amount: 161.65

Currency: US

Status: PRINTED

FC Amount:

Payee: TIMOTHY P GOUGER

Certified By: AUTRY, SHIRLEY LE

Date Signed: 22-OCT-1999

Initial Signature: 6CBFD5468CC75BCA381

Disbursing Officer's Signature: 38106526

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Press F2 to enter a query.

Record: 2/2

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 10/09/1999

PAY PERIOD ENDING: 10/09/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 09/26 09/27 09/28 09/29 09/30 10/01 10/02 10/03 10/04 10/05 10/06 10/07 10/08 10/09 Total

B00594 [REDACTED] 8.00 8.00

L35672 [REDACTED] 8.00 8.00 8.00 24.00

*The above hours were ELECTRONICALLY SIGNED ON: 24-SEP-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594 [REDACTED] 2.50 2.50

B00594 [REDACTED] 5.00 4.00 4.00 4.00 5.00 3.00 25.00

L35672 [REDACTED] 3.00 4.00 4.00 4.00 15.00

LEAVE [REDACTED] 3.00 5.00 8.00

*The above hours were ELECTRONICALLY SIGNED ON: 12-OCT-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 10.50 8.00 8.00 82.50

TOTAL HOURS REG= 72.00 HOL= OVT= 2.50 ALV= OLV= NON= 8.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/26/1999

LABOR-COST TO : 10/09/1999

EMPLOYEE COUNT = 1

```

*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
      SP-RATE                SP-RATE
*****
GOUGER T      [REDACTED]                                     82.50      Y
  
```

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*****
***  E N D   O F   R E P O R T   -  27-DEC-2000  - 12:17  -  SID G6CEFMPI  ***
*****
  
```

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 10/23/1999

PAY PERIOD ENDING: 10/23/1999

```

*****
CHARGE WORK HRS SH N EV
CODE ITEM TYP CD D HZ 10/10 10/11 10/12 10/13 10/14 10/15 10/16 10/17 10/18 10/19 10/20 10/21 10/22 10/23 Total
*****
B06950 [REDACTED] 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 48.00
L35672 [REDACTED] 4.00 4.00
L35672 [REDACTED] 2.00 2.00 2.00 2.00 2.00 8.00 2.00 2.00 2.00 24.00
LEAVE [REDACTED] 8.00 8.00

```

*The above hours were ELECTRONICALLY SIGNED ON: 25-OCT-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

```

*****
Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 4.00 84.00

```

TOTAL HOURS REG= 72.00 HOL= OVT= 4.00 ALV= OLV= NON= 8.00
 SP-RATE-HRS=

FOR THESE WORK ITEMS:

[REDACTED]
 002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 10/10/1999

LABOR-COST TO : 10/23/1999

EMPLOYEE COUNT = 1

```

*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L    TOTAL    CERTIFIED
SP-RATE      SP-RATE
*****
GOUGER T      [REDACTED]                                     84.00    Y
  
```

```

*****
***  E N D   O F   R E P O R T   -   27-DEC-2000   -   12:17   -   SID G6CEPMP1   ***
*****
  
```

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 10/23/1999

PAY PERIOD ENDING: 10/23/1999

```
*****
CHARGE WORK HRS SH N EV
CODE ITEM TYP CD D HZ 10/10 10/11 10/12 10/13 10/14 10/15 10/16 10/17 10/18 10/19 10/20 10/21 10/22 10/23 Total
*****
B06950 [REDACTED] 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00 48.00
L35672 [REDACTED] 4.00 4.00
L35672 [REDACTED] 2.00 2.00 2.00 2.00 2.00 8.00 2.00 2.00 2.00 24.00
LEAVE [REDACTED] 8.00 8.00
```

*The above hours were ELECTRONICALLY SIGNED ON: 25-OCT-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

```
*****
Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 4.00 84.00
```

TOTAL HOURS REG= 72.00 HOL= OVT= 4.00 ALV= OLV= NON= 8.00
SP-RATE-HRS=

FOR THESE WORK ITEMS:

[REDACTED]
002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 10/10/1999

LABOR-COST TO : 10/23/1999

EMPLOYEE COUNT = 1

```

*****
EMPLOYEE      REGULAR  HOLLIDAY  OVERTIME  ANNUAL LV  OTHER LV  NON-PD L      TOTAL      CERTIFIED
      SP-RATE                SP-RATE
*****
GOUGER T      [REDACTED]                                     84.00      Y
  
```

```

*****
***  E N D   O F   R E P O R T   -  27-DEC-2000 - 12:18 -  SID G6CEPMP1  ***
*****
  
```

CIC #: 99EPA SUPERFUND
BILLED DATE 28-SEP-1999
CUSTOMER ORDER NUMBER DW96947840-0560
(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006)

VOUCHER FOR TRANSFERS
BETWEEN APPROPRIATIONS AND/OR FUNDS
(AR 37-1)

PAGE NO. 001

* ACCOUNTS OF *
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D.O.VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO.

28016783
PARTIAL # 12 01-SEP-1999 THRU 28-SEP-1999

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER
ENVIRONMENTAL PROTECTION AGENCY
ACCOUNTING OPERATIONS OFFICE
MS 002
26 WEST MARTIN LUTHER KING DRIVE
CINCINNATI OH 45268-7002
ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER
USAED OMAHA G6
5722 INTEGRITY DRIVE
C O USACE FINANCE CENTER
MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

68 20 X [REDACTED] 1999 00 0000 NA NA \$8,162.15 96 NA X [REDACTED] 96252 \$8,162.15

LINE ITEM	MOA	DESCRIPTION
000001	CONTRACT - OUTSIDE GOVERNMENT	TRANSP OF GOVT EMPLOYEES OR OTHERS, PERDIEM ALLOW IN TVL STATUS & OTH INCIDENTAL TRVL EXP
000001	CONTRACT - OUTSIDE GOVERNMENT	PVT SCTR CONTRACTUAL CONSTRUCTION SERVICES (PLACEMENT)
000001	INHOUSE - LABOR	AREA AND RESIDENT OFFICES OVERHEAD COSTS
000001	INHOUSE - LABOR	GENERAL AND ADMINISTRATIVE OVERHEAD COSTS
000001	INHOUSE - LABOR	LABOR

SUBTOTAL

PARTIAL AMOUNT PAID \$8,162.15

PAYMENT DUE DATE 28-OCT-1999 PAY THIS AMOUNT \$0.00

FUNDS AUTHORIZED: \$279,400.00
TOTAL BILLED AMOUNT: \$87,284.79
PREVIOUS BILLED AMOUNT: \$79,122.64
CURRENT BILLED AMOUNT: \$8,162.15
TOTAL FLUX BILLED: \$0.00
PREVIOUS FLUX BILLED: \$0.00
CURRENT FLUX BILLED: \$0.00

CERTIFICATE OF OFFICE BILLED
I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS
STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE,
OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

DATE _____

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER _____

DA FORM 4445-R
APPROVED BY TREASURY -
FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING
OMAHA DISTRICTPage: 1
Date: 20-DEC-2001

CUSTOMER ORDER: DW96947840-0560

ACCOUNTING PERIOD: 09-1999

CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID	Line Item	Resource Code	Accrual Ind	Total
07-SEP-1999	W59XQG91688112	99/7-13-1999B	NA		0022	TRANSPER		
09-SEP-1999	W59XQG92021691	99/8-13-1999C	NA		0001	TRANSPER		
24-SEP-1999	W59XQG92668925	99/9-23-1999	NA		0003	TRANSPER		
27-SEP-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		
SUBTOTAL COST:								\$5,921.78

INHOUSE - LABOR

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
09-SEP-1999	L35672	08-SEP-1999							
17-SEP-1999	L35672	15-SEP-1999							
21-SEP-1999	L35672	21-SEP-1999							
24-SEP-1999	L35672	30-SEP-1999							
SUBTOTAL CO						\$1,404.63	\$344.12	\$491.62	\$2,240.37
TOTAL COST:								\$8,162.15	

*** END OF REPORT - 20-DEC-2001 - 12:20 - SID G6CEFMP1 ***

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D	[REDACTED]		
4252.00	D	[REDACTED]		
4821.00	D	[REDACTED]		
6500.32	D	[REDACTED]		
2113.00	C	[REDACTED]		271.00
+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT -+				

Count: 21 ^ v <Replace>

Action Edit Block Field Record Query ESIG Help

Travel Order No: 905196G6

Employee: [REDACTED]

Travel Order Date: 16-JUN-1999

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obli Li No	Description	Wl Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
905196G6	1	NON-GTR TRAVE	002DCL	21T2	[REDACTED]	[REDACTED]	0.00
99/7-13-1999B	0022	76483807079/5	002DCL	21T1	[REDACTED]	[REDACTED]	0.00

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Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES

Form Approved
OMB No. 0704-0187
Expires Aug 31, 1992

PAGE

1

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1. CONTRACT/PURCH ORDER NO. 99/7-13-1999B		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 07-SEP-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG91657713		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY CODE		7. ADMINISTERED BY CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)					
9. CONTRACTOR VENDOR ID: NB22399 NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED			
12. DISCOUNT TERMS		13. MAIL INVOICES TO See Block 15							
14. SHIP TO CODE		15. PAYMENT WILL BE MADE BY CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE				DATE SIGNED	
If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE		20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT	
0001	7644226995/50598G6/STIVERS		.0000/		.0000	JB	\$.00		
0002	6746226996/97/5078G6/WEMHOENER		.0000/		.0000	JB	\$.00		
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.			24. UNITED STATES OF AMERICA BY: CONTRACTING/ORDERING OFFICER				25. TOTAL \$15,533.64		
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 07-SEP-1999 /s/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.			27. REC RPT NO 000001 [] PARTIAL [X] FINAL		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS		
36. I certify this amount is correct and proper for payment DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER			31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL		32. PAID BY 8736 07-DEC-99		33. AMT VERIFIED CORRECT FOR \$310.00		
							34. CHECK NUMBER 0000541755		
							35. BILL OF LADING NO.		
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER		39. DATE REC'D 07-SEP-1999		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
0003	7648387003/04/5142G6/LEAHY	.0000/	.0000	JB	\$.00	\$135.00
0004	7646367040/41/247G6/VOZ	.0000/	.0000	JB	\$.00	\$852.00
0005	7646226981/51217G6/GRODE	.0000/	.0000	JB	\$.00	\$203.50
0006	7646226981/51217G6/GRODE	.0000/	.0000	JB	\$.00	\$203.50
0007	7646226983/5128G6/CURRAN	.0000/	.0000	JB	\$.00	\$203.50
0008	7646226983/5128G6/CURRAN	.0000/	.0000	JB	\$.00	\$203.50
0009	7646228387043/4939G6/MILLER, JOHN	.0000/	.0000	JB	\$.00	\$377.00
0010	7648387017/5146G6/MCNULTY	.0000/	.0000	JB	\$.00	\$401.98
0011	7648387044/45/5122G6/LANG	.0000/	.0000	JB	\$.00	\$939.22
0012	7646226992/4495G6/STEFERO	.0000/	.0000	JB	\$.00	\$228.00
0013	7646226991/4854G6/COUNCILL	.0000/	.0000	JB	\$.00	\$273.00
0014	7648387069/5171G6/WALKER	.0000/	.0000	JB	\$.00	\$173.00
0015	7648387051/5141G6/JOHNSON	.0000/	.0000	JB	\$.00	\$561.00
0016	7648387053/54/5114G6/OBRIEN	.0000/	.0000	JB	\$.00	\$571.18
0017	7648387055/5028G6/DOXZON	.0000/	.0000	JB	\$.00	\$379.00
0018	7648387064/4633G6/GOUGER	.0000/	.0000	JB	\$.00	\$384.00
0019	7648387067/5178G6/ZEBROWSKI	.0000/	.0000	JB	\$.00	\$461.00
0020	7648387047/5109G6/KANE	.0000/	.0000	JB	\$.00	\$481.77
0021	7648387059/4743G6/CARRIG	.0000/	.0000	JB	\$.00	\$271.00
0022	76483807079/5196G6/GOUGER	.0000/	.0000	JB	\$.00	\$271.00
0023	7648387089/4639G6/RIOS	.0000/	.0000	JB	\$.00	\$124.00
0024	7648387074/75/5113G6/LINDQUIST	.0000/	.0000	JB	\$.00	\$571.18
0025	7648387072/5173G6/VANCLEEF	.0000/	.0000	JB	\$.00	\$463.00
0026	7648387104/5326G6/ELLENDER	.0000/	.0000	JB	\$.00	\$427.00
0027	7648387128/5255G6/BASS	.0000/	.0000	JB	\$.00	\$208.00
0028	7648387135/4765G6/LAWRENCE	.0000/	.0000	JB	\$.00	\$255.00
0029	7648387136/4733G6/TILLOTSON	.0000/	.0000	JB	\$.00	\$255.00
0030	7648387138/254G6/COOPER	.0000/	.0000	JB	\$.00	\$862.00
0031	7648387160/5241G6/BREY	.0000/	.0000	JB	\$.00	\$377.00
0032	7648387161/5216G6/ROZA	.0000/	.0000	JB	\$.00	\$377.00
0033	7648387129/5152G6/MAILANDER	.0000/	.0000	JB	\$.00	\$495.00
0034	7648387132/5087G6/REMUS	.0000/	.0000	JB	\$.00	\$563.00
0035	7648387134/4717G6/OEHLERKING	.0000/	.0000	JB	\$.00	\$772.39
0036	7648387137/256G6/VADER	.0000/	.0000	JB	\$.00	\$291.00
0037	7648387158/5272G6/NELSON	.0000/	.0000	JB	\$.00	\$291.00
0038	7648387181/5278G6/WHITE, S	.0000/	.0000	JB	\$.00	\$231.00
0039	7648387007/08/5117G6/MILLER, DON	.0000/	.0000	JB	\$.00	\$939.22
0040	7646226989/4837G6/ERHARDT	.0000/	.0000	JB	\$.00	\$.00

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.									
1. CONTRACT/PURCH ORDER NO. 99/7-13-1999B		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 07-SEP-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG91657721		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS-ADVANTAGED [] WOMEN-OWNED	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO See Block 15			
14. SHIP TO		CODE		15. PAYMENT WILL BE MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.							
PURCHASE		Reference your _____ furnish the following on terms specified herein.							
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NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE				DATE SIGNED	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE									
18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT	
0002	6746226996/97/5078G6/WEMHOENER			.0000/ .0000		JB	\$.00	\$.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: _____ CONTRACTING/ORDERING OFFICER			25. TOTAL \$.00		
							29. DIFFERENCES		
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 14-JAN-2000 /S/ KIMBERLY A BURGE DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				27. REC RPT NO 000002		28. D.O. VOUCHER NO.		30. INITIALS	
				[] PARTIAL [X] FINAL		32. PAID BY		33. AMT VERIFIED CORRECT FOR \$.00	
36. I certify this amount is correct and proper for payment				31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL				34. CHECK NUMBER	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. REC'D AT	38. RECEIVED BY KIMBERLY A BURGE			39. DATE REC'D 14-JAN-2000		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER	
								42. S/R VOUCHER NO.	

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA ACCOUNT NUMBER [REDACTED]

Page 11 of 35

INDIVIDUAL CARDHOLDER ACTIVITY

OARP:EWR SVC:Y DARP:OMA FR: DEP:061899				
06-18	UNITED AIR 0167648387047OMAHA NE	06-18	5109	481.77 DR
REF: [REDACTED] MCC:3000 PHONE:				
NM:KANE/D TKT:0167648387047 MVAT:	CVAT: CC:			
OARP:PIR SVC:H DARP:DEN FR: DEP:062099				
OARP:DEN SVC:Y DARP:DFW FR: DEP:062099				
OARP:DFW SVC:YX DARP:DEN FR: DEP:062099				
OARP:DEN SVC:H DARP:PIR FR: DEP:062099				
06-18	UNITED AIR 0167648387059OMAHA NE	06-18	4743	271.00 DR
REF: [REDACTED] MCC:3000 PHONE:				
NM:CARRIG/J TKT:0167648387059 MVAT:	CVAT: CC:			
OARP:OMA SVC:Y DARP:ORD FR: DEP:062299				
OARP:ORD SVC:Y DARP:OMA FR: DEP:062299				
06-21	UNITED AIR 0167648387079OMAHA NE	06-17	5196	271.00 DR
REF: [REDACTED] MCC:3000 PHONE:				
NM:GOUGERT TKT:0167648387079 MVAT:	CVAT: CC:			
OARP:OMA SVC:Y DARP:ORD FR: DEP:062299				
OARP:ORD SVC:Y DARP:OMA FR: DEP:062299				
06-21	UNITED AIR 0167648387089OMAHA NE	06-17	4639	124.00 DR
REF: [REDACTED] MCC:3000 PHONE:				
NM:RIOS/A TKT:0167648387089 MVAT:	CVAT: CC:			
OARP:DEN SVC:Y DARP:DFW FR: DEP:062099				
OARP:DFW SVC:Y DARP:DEN FR: DEP:062099				
06-21	NWA AIR 0127648387074OMAHA NE	06-17	5113	571.18 DR
REF: [REDACTED] MCC:3060 PHONE:				
NM:LINDQUIST/T TKT:0127648387074 MVAT:	CVAT: CC:			
OARP:OMA SVC:Y DARP:MSP FR: DEP:062299				
OARP:MSP SVC:Y DARP:GFK FR: DEP:062299				
OARP:GFK SVC:XO DARP:MOT FR: DEP:062299				
OARP:MOT SVC:HX DARP:MSP FR: DEP:062299				
06-21	MIDWEST EXP 4537648387072OMAHA NE	06-17	5173	463.00 DR
REF: [REDACTED] MCC:3085 PHONE:				
NM:VANCLEEF/B TKT:4537648387072 MVAT:	CVAT: CC:			
OARP:OMA SVC:Y DARP:EWR FR: DEP:062099				
OARP:EWR SVC:Y DARP:OMA FR: DEP:062099				
06-21	UNITED AIR 0167648387104OMAHA NE	06-18	5236	427.00 DR
REF: [REDACTED] MCC:3000 PHONE:				
NM:ELLENDE/M TKT:0167648387104 MVAT:	CVAT: CC:			
OARP:OMA SVC:Y DARP:ORD FR: DEP:062399				
OARP:ORD SVC:H DARP:AZO FR: DEP:062399				
OARP:AZO SVC:HX DARP:ORD FR: DEP:062399				
OARP:ORD SVC:Y DARP:OMA FR: DEP:062399				

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST
16-JUN-1999

REQUEST FOR OFFICIAL TRAVEL

2. NAME (Last, First, Middle Initial) SSN GOUGER, TIMOTHY P		3. POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12	
4. OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE		5. ORGANIZATIONAL ELEMENT CENWO-CD-PC-R	6. PHONE NO. [REDACTED]
7. TYPE OF ORDERS TEMPORARY DUTY	8. SECURITY CLEARANCE	9. PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL	
10a. APPROX NO. DAYS OF TDY (Including travel time) 1	b. PROCEED O/A (DATE) 22-JUN-1999		
11. ITINERARY LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 22-JUN-1999 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 22-JUN-1999 AT 1900 HRS			
12. MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE			
COMMERCIAL		GOVERNMENT	
RAIL	AIR XX	BUS	SHIP
AIR		VEHICLE	SHIP
RATE PER MILE: 0.0000		PRIVATELY OWNED CONVEYANCE (Check one)	
AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)		More advantageous to government Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify)			
14. ESTIMATED COST			15. ADVANCE AUTHORIZED
PER DIEM	TRAVEL	OTHER	TOTAL
[REDACTED]	[REDACTED]	[REDACTED]	\$471.00
			\$.00
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.			
17. REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 16-JUN-1999		18. APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 17-JUN-1999	
AUTHORIZATION			
19. ACCOUNTING CITATION [REDACTED] 100%			
20. ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE 68113		OR AUTHENTICATION SUPPORT ASSISTANT (OA)	
		21. DATE ISSUED 17-JUN-1999	
		22. TRAVEL ORDER NUMBER 905196G6	

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
16-JUN-1999

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
905196G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

Action Edit Block Field Record Query Help

Obligation No: 99/7-13-1999B Delivery Order: NA Obligation LI: 0022
Amendment No: 2 Amend Date: 20-JAN-2000 Freight: Fast Pay:
Work Item: 002DCM Fund Account: G625294 Progress Pay:
Fund Citation: 96NAX3122 AMSCO: 015558 Resource: TRANSPER
Description: COMMERCIAL TRANSPORTATION MOA: C2 Allot: 2417 EOR: 21T1

<PGDN> To Execute RV Query

RV No	Customer Inv No	Schd Date	Disb Amount	DOV No	Check No	Pmt Meth
8	NATIONSBANK 22399	07-DEC-1999		155781	541755	TCHRC

RR

Invoice

Progress Pmts

RV

AP Transaction

Check Register

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Record: 1/1

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 541755

Check No Trace: 1800057556

Replacement No:

Pmt Method: TCHRC DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: G6

Check Date: 07-DEC-1999

Reference No: 99/7-13-1999A

Amount:

Currency: US

Status: PRINTED

FC Amount: .000000

Payee:

#4486160000022399

P O BOX 650785

DALLAS, TX 75265-0785

Certified By: RYE, MICHAEL T

Date Signed: 07-DEC-1999

Initial Signature: C75CB92C6D775A38384

Disbursing Officer's Signature: AFDD32C7E1610F22384

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

<Replace>

Action Edit Block Field Record Query ESG Help

Travel Order No: 905953G6

Employee: TIMOTHY P GOUGER

Travel Order Date: 21-JUL-1999

Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
905953G6	1	NON-GTR TRAVE	002DCL	21T2			100.35
99/8-13-1999C	0001	7655880702/59	002DCL	21T1			0.00

☐ View Funding

Prev Page

Prev

Next

Query

List

Save

Exit

Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1	
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1. CONTRACT/PURCH ORDER NO. 99/8-13-1999C		2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 09-SEP-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG92021691		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTERED BY		CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO See Block 15			
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NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED			
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0001	7655880702/5953G6/GOUGHIER			.0000/		.0000	JB	\$.00	
0002	7655880733/5913G6/GRABOWSKI			.0000/		.0000	JB	\$.00	
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA			25. TOTAL		\$14,272.42
				BY:			29. DIFFERENCES		
				CONTRACTING/ORDERING OFFICER					
26. QUANTITY IN COLUMN 20 HAS BEEN				27. REC RPT NO 000001		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS	
[] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				[] PARTIAL [X] FINAL		32. PAID BY 8736		33. AMT VERIFIED CORRECT FOR \$123.00	
09-SEP-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.				31. PAYMENT		27-OCT-99		34. CHECK NUMBER 0000515853	
36. I certify this amount is correct and proper for payment				[] COMPLETE [] PARTIAL [] FINAL				35. BILL OF LADING NO.	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER									
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 09-SEP-1999		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER	
									42. S/R VOUCHER NO.

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
0003	7655880734/5755G6/HERRING	.0000/	.0000	JB	\$.00	\$549.00
0004	7655880705/5898G6/MATTHE	.0000/	.0000	JB	\$.00	\$274.00
0005	7655880704/5556G6/BLUML	.0000/	.0000	JB	\$.00	\$425.00
0006	7655880706/5243G6/KRAGT	.0000/	.0000	JB	\$.00	\$231.00
0007	7657765519/6020G6/HOOVER	.0000/	.0000	JB	\$.00	\$311.00
0008	7657765522/5949G6/GUNKELMAN	.0000/	.0000	JB	\$.00	\$377.00
0009	7658865502/5917G6/MAYBERYY	.0000/	.0000	JB	\$.00	\$863.00
0010	7657765515/5677G6/LANE	.0000/	.0000	JB	\$.00	\$290.43
0011	7657765500/5959G6/WEMHOENER	.0000/	.0000	JB	\$.00	\$123.00
0012	7657765509/5945G6/CARRIG	.0000/	.0000	JB	\$.00	\$549.00
0013	7655880748/5973G6/SKAR	.0000/	.0000	JB	\$.00	\$311.00
0014	7658865511/5829G6/WALLACE	.0000/	.0000	JB	\$.00	\$297.00
0015	7657765509/255G6/COZART	.0000/	.0000	JB	\$.00	\$185.00
0016	7657765560/61/5971G6/PROSUCH	.0000/	.0000	JB	\$.00	\$228.00
0017	7657765543/6005G6/HEARTY	.0000/	.0000	JB	\$.00	\$271.00
0018	7657765528/29/5960G6/BRADLEY	.0000/	.0000	JB	\$.00	\$299.00
0019	7657765544/5920G6/DELZER	.0000/	.0000	JB	\$.00	\$812.00
0020	7657765545/5925G6/HARSCH	.0000/	.0000	JB	\$.00	\$812.00
0021	7657765551/6035G6/DORMAN	.0000/	.0000	JB	\$.00	\$223.00
0022	7657765555/5758G6/ROHWER	.0000/	.0000	JB	\$.00	\$515.00
0023	7657765562/5984G6/CISAR	.0000/	.0000	JB	\$.00	\$863.00
0024	7657765537/MORRIS, LINDA	.0000/	.0000	JB	\$.00	\$209.00
0025	7657765559/5940G6/COURTNEY	.0000/	.0000	JB	\$.00	\$123.00
0026	7657765531/5788G6/MONZINGO	.0000/	.0000	JB	\$.00	\$271.00
0027	7657765538/5972G6/BICHANICH	.0000/	.0000	JB	\$.00	\$299.00
0028	7657765564/6038G6/KIRSCHAU	.0000/	.0000	JB	\$.00	\$327.00
0029	7657765582/5892G6/CAAREY	.0000/	.0000	JB	\$.00	\$377.00
0030	7657765577/5986G6/CISAR	.0000/	.0000	JB	\$.00	\$271.00
0031	7657765609/6095G6/MCNULTY	.0000/	.0000	JB	\$.00	\$769.00
0032	7657765588/6067G6/ELLENDER	.0000/	.0000	JB	\$.00	\$274.00
0033	7657765573/5618G6/MULHERN	.0000/	.0000	JB	\$.00	\$271.00
0034	7657765574/75/5753G6/NARDIN	.0000/	.0000	JB	\$.00	\$271.00
0035	7657765578/5853G6/DAVIS, COLLEEN	.0000/	.0000	JB	\$.00	\$271.00
0036	7657765584/85/5751G6/SKEEN	.0000/	.0000	JB	\$.00	\$271.00
0037	7657765570/5523G6/HINES	.0000/	.0000	JB	\$.00	\$271.00
0038	7657765601/02/5365G6/SHEFFIELD	.0000/	.0000	JB	\$.00	\$516.94

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21							1. DATE OF REQUEST 21-JUL-1999	
REQUEST FOR OFFICIAL TRAVEL								
2.NAME (Last,First,Middle Initial) SSN GOUGER, TIMOTHY P				3.POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12				
4.OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5.ORGANIZATIONAL ELEMENT CENWO-CD-FC-R		6.PHONE NO. <div style="background-color: black; width: 100px; height: 1.2em;"></div>		
7.TYPE OF ORDERS TEMPORARY DUTY			8.SECURITY CLEARANCE 		9.PURPOSE OF TDY TECH SUPPORT CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a.APPROX NO. DAYS OF TDY (Including travel time) 2			b.PROCEED O/A (DATE) 27-JUL-1999					
11.ITINERARY <input checked="" type="checkbox"/> VARIATION AUTHORIZED LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 27-JUL-1999 AT 1200 HRS TO : ST LOUIS MO MISSOURI DEPART ON 28-JUL-1999 AT 1900 HRS								
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE								
COMMERCIAL				GOVERNMENT			PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER . (Overseas Travel only)							<input type="checkbox"/> More advantageous to government Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.	
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM(Specify)								
14.ESTIMATED COST							15.ADVANCE AUTHORIZED	
PER DIEM		TRAVEL		OTHER		TOTAL		
<div style="background-color: black; width: 100px; height: 1.2em;"></div>		<div style="background-color: black; width: 100px; height: 1.2em;"></div>		<div style="background-color: black; width: 100px; height: 1.2em;"></div>		\$385.00		\$.00
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.								
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 21-JUL-1999					18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 21-JUL-1999			
AUTHORIZATION								
19.ACCOUNTING CITATION <div style="background-color: black; width: 400px; height: 1.2em;"></div> 100%								
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE68113							21.DATE ISSUED 22-JUL-1999	
							22.TRAVEL ORDER NUMBER 905953G6	

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL		DATE ISSUED 21-JUL-1999
NAME (Last, First) GOUGER, TIMOTHY P		TRAVEL ORDER NUMBER 905953G6
16. REMARKS RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED. IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TICKET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT' OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.		

NationsBank

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA

ACCOUNT NUMBER

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INDIVIDUAL CARDHOLDER ACTIVITY

NM:HOBZAJ		TKT:0087640221868	MVAT:	CVAT: ✓	CC:		
OARP:XXX		SVC:X	DARP:XXX	FR:	DEP:000000		
07-23	DELTA AIR	0087653304028	OMAHA	NE	07-15	515.00	CR
REF: [REDACTED]		MCC:3058	PHONE:				
NM:WAGNER/G		TKT:0087653304028	MVAT:	CVAT: ✓	CC:		
OARP:XXX		SVC:X	DARP:XXX	FR:	DEP:000000		
07-26	TWA AIRLINE	0157655880702	OMAHA	NE	07-22	123.00	DR
REF: [REDACTED]		MCC:3004	PHONE:				
NM:GOUGER/T		TKT:0157655880702	MVAT:	CVAT:	CC:	5953	
OARP:OMA		SVC:Y	DARP:STL	FR:	DEP:072699		
OARP:STL		SVC:Y	DARP:OMA	FR:	DEP:072699		
07-26	TWA AIRLINE	0157655880733	OMAHA	NE	07-22	549.00	DR
REF: [REDACTED]		MCC:3004	PHONE:				
NM:GRABOWSKI/R		TKT:0157655880733	MVAT:	CVAT:	CC:	5913	
OARP:OMA		SVC:Y	DARP:STL	FR:	DEP:072699		
OARP:STL		SVC:B	DARP:SBN	FR:	DEP:072699		
OARP:SBN		SVC:BX	DARP:STL	FR:	DEP:072699		
OARP:STL		SVC:Y	DARP:OMA	FR:	DEP:072699		
07-26	TWA AIRLINE	0157655880734	OMAHA	NE	07-22	549.00	DR
REF: [REDACTED]		MCC:3004	PHONE:				
NM:HERRING/G		TKT:0157655880734	MVAT:	CVAT:	CC:	5735	
OARP:OMA		SVC:Y	DARP:STL	FR:	DEP:072699		
OARP:STL		SVC:B	DARP:SBN	FR:	DEP:072699		
OARP:SBN		SVC:BX	DARP:STL	FR:	DEP:072699		
OARP:STL		SVC:Y	DARP:OMA	FR:	DEP:072699		
07-26	MIDWEST EXP	4537655880705	OMAHA	NE	07-22	274.00	DR
REF: [REDACTED]		MCC:3085	PHONE:				
NM:MATTKE/G		TKT:4537655880705	MVAT:	CVAT:	CC:	5398	
OARP:OMA		SVC:K	DARP:MKE	FR:	DEP:072699		
OARP:MKE		SVC:K	DARP:RDU	FR:	DEP:072699		
OARP:RDU		SVC:YX	DARP:CVG	FR:	DEP:072699		
OARP:CVG		SVC:Y	DARP:OMA	FR:	DEP:072699		
07-26	MIDWEST EXP	4537655880717	OMAHA	NE	07-22	384.00	DR
REF: [REDACTED]		MCC:3085	PHONE:				
NM:WEMHOENER/P		TKT:4537655880717	MVAT:	CVAT:	CC:	5958	
OARP:OMA		SVC:Y	DARP:MKE	FR:	DEP:072299		
OARP:MKE		SVC:Y	DARP:DCA	FR:	DEP:072299		
OARP:DCA		SVC:Y	DARP:OMA	FR:	DEP:072299		
07-26	AMERICAN AIR	0017655880704	OMAHA	NE	07-22	425.00	DR
REF: [REDACTED]		MCC:3001	PHONE:				
NM:BLUML/C		TKT:0017655880704	MVAT:	CVAT:	CC:	5336	
OARP:OMA		SVC:Y	DARP:DFW	FR:	DEP:072899		
OARP:DFW		SVC:Y	DARP:OMA	FR:	DEP:072899		

Action Edit Block Field Record Query Help

Obligation No: 99/8-13-1999C Delivery Order: NA Obligation LI: 0001
Amendment No: 1 Amend Date: 19-OCT-1999 Freight: Fast Pay:
Work Item: 002DCM Fund Account: G625294 Progress Pay:
Fund Citation: 96NAX3122 AMSCQ: 015558 Resource: TRANSPER
Description: COMMERCIAL TRANSPORTATION MOA: C2 Allot: 2417 EOR: 21T1

<PGDN> To Execute RV Query

RV No	Customer Inv No	Schd Date	Disb Amount	DOV No	Check No	Pmt Meth
1	NATIONSBANK 22399	27-OCT-1999		152650	515853	TCHEC

RR Invoice Progress Pmts RV AP Transaction Check Register
Prev Page Prev Next Query List Save Exit Next Page

Record: 1/1

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 515853 Check No Trace: 1800054519
Replacement No: Prmt Method: TCHEC DSSN: 8736 Ea?: ☐
Type: CONTRACT FQA Code: G6
Check Date: 27-OCT-1999 Reference No: 99/8-13-1999A
Amount: Currency: US
Status: PRINTED FC Amount: .000000
Payee: NATIONS BANK CARD SERVICE
P O BOX 650785
DALLAS, TX 75265-0785

Certified By: RYE, MICHAEL T

Date Signed: 27-OCT-1999

Initial Signature: 5B1C092D040BA06E381

Disbursing Officer's Signature: 6F9B20C740B75171381

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Prev

Next

Query

List

Save

Exit

Next Page

Press F2 to enter a query.

Record: 1/1

GL ACCT	DR/CR	ACCOUNT NAME	DEBIT AMT	CREDIT AMT
1311.25	D	[REDACTED]	[REDACTED]	
4252.00	D	[REDACTED]	[REDACTED]	
4821.00	D	[REDACTED]	[REDACTED]	
6500.32	D	[REDACTED]	[REDACTED]	
2113.00	C	[REDACTED]		123.00
+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT --+				

<Replace>

Action Edit Block Field Record Query ESG Help

Travel Order No: 907191G6
Travel Order Date: 22-SEP-1999Employee: TIMOTHY P GOUGER
Type: TEMPORARY DUTY

Obligation Line Items

Obligation	Obl Li No	Description	VI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
907191G6	1	NON-GTR TRAVE	002DCL	21T2			0.00
99/9-23-1999	0003	7670333440/71	002DCL	21T1			0.00

View Funding

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Query

List

Save

Exit

Next Page

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

Record: 1/1

ORDER FOR SUPPLIES OR SERVICES						Form Approved OMB No. 0704-0187 Expires Aug 31, 1992		PAGE 1						
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington DC 20503.														
1. CONTRACT/PURCH ORDER NO. 99/9-23-1999			2. DELIVERY ORDER NO. NA		3. DATE OF ORDER. 23-SEP-1999		4. REQUISITION/PURCH REQUEST NO. W59XQG92658885		5. CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1					
6. ISSUED BY			CODE		7. ADMINISTERED BY			CODE		8. DELIVERY FOB [] DEST [] OTHER (See Schedule)				
9. CONTRACTOR VENDOR ID: NB22399			CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY		11. MARK IF BUS. IS [] SMALL [] SMALL DIS- ADVANTAGED [] WOMEN-OWNED					
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785 DALLAS, TX 75265-0785							12. DISCOUNT TERMS							
							13. MAIL INVOICES TO		See Block 15					
14. SHIP TO			CODE		15. PAYMENT WILL BE MADE BY			CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER				
16. DELIVERY		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.												
PURCHASE		Reference your _____ furnish the following on terms specified herein.												
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.														
NAME OF CONTRACTOR			SIGNATURE			TYPED NAME AND TITLE			DATE SIGNED					
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____														
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE														
18. ITEM		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*			21. UNIT		22. UNIT PRICE		23. AMOUNT		
0001		7670333452/7188G6/SHIRK			.0000/			.0000		JB		\$.00		
0002		7670333450/7165G6/GRIMM			.0000/			.0000		JB		\$.00		
*If quantity accepted by the Government is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL		\$2,254.50		
										29. DIFFERENCES				
26. QUANTITY IN COLUMN 20 HAS BEEN [] INSPECTED [X] RECEIVED [] ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED 24-SEP-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.					27. REC RPT NO 000001		28. D.O. VOUCHER NO. ** MULTIPLE **		30. INITIALS					
					[] PARTIAL [X] FINAL		32. PAID BY 8736		33. AMT VERIFIED CORRECT FOR					
					31. PAYMENT [] COMPLETE [] PARTIAL [] FINAL		09-DEC-99		34. CHECK NUMBER 0000544986					
36. I certify this amount is correct and proper for payment DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____									35. BILL OF LADING NO.					
37. REC'D AT		38. RECEIVED BY DARLENE E SKINNER			39. DATE REC'D 24-SEP-1999		40. TOTAL CONT.		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	7670333440/7191G6/GOUGER	.0000/	.0000	JB	\$123.00
0004	7670333447/7179G6/RECKMEYER	.0000/	.0000	JB	\$464.25
0005	7670333446/7183G6/SELLERS	.0000/	.0000	JB	\$377.00
0006	7670333445/7186G6/NEBEL	.0000/	.0000	JB	\$377.00
0007	7670333430/7182G6/MEIER, R	.0000/	.0000	JB	\$398.25
0008	76703330000/7198G6/MELLEMA, G	.0000/	.0000	JB	\$156.50

NationsBank

USACE OMAHA DISTRICT
DARLENE SKINNER
215 N 17TH ST.
OMAHA NE 68102-4978

VISA ACCOUNT NUMBER [REDACTED]

Page 10 of 21

INDIVIDUAL CARDHOLDER ACTIVITY

DATE	AIRLINE	ACCOUNT	NAME	DATE	AMOUNT	TYPE
09-27	NWA AIR	0127670333480	OMAHA NE	09-23	563.00	DR
REF: [REDACTED] MCC:3060 PHONE: [REDACTED]						
NM: BARR/WAYNE TKT:0127670333480 MVAT: CVAT: CC:						
OARP:OMA SVC:Y DARP:MSP FR:YCA DEP:092799						
OARP:MSP SVC:Y DARP:BIS FR:YCA DEP:092799						
OARP:BIS SVC:Y DARP:MSP FR:YCA DEP:092999						
OARP:MSP SVC:Y DARP:OMA FR:YCA DEP:092999						
09-27	TWA AIRLINE	0157670333447	OMAHA NE	09-23	464.25	DR
REF: [REDACTED] MCC:3004 PHONE: [REDACTED]						
NM: RECKMEYER/DREW TKT:0157670333447 MVAT: CVAT: CC:						
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:093099						
OARP:STL SVC:Y DARP:ATL FR:YCA DEP:093099						
OARP:ATL SVC:Y DARP:OMA FR:YCA DEP:100199						
09-27	TWA AIRLINE	0157670333448	OMAHA NE	09-23	123.00	DR
REF: [REDACTED] MCC:3004 PHONE: [REDACTED]						
NM: GOUGER/TIM TKT:0157670333448 MVAT: CVAT: CC:						
OARP:OMA SVC:Y DARP:STL FR:YCA DEP:092899						
OARP:STL SVC:Y DARP:OMA FR:YCA DEP:093099						
09-27	TWA AIRLINE	0157670333482	OMAHA NE	09-23	384.00	DR
REF: [REDACTED] MCC:3004 PHONE: [REDACTED]						
NM: RICHARDSON/J R TKT:0157670333482 MVAT: CVAT: CC:						
OARP:OMA SVC:K DARP:STL FR:KDG DCA DEP:092399						
OARP:STL SVC:K DARP:DCA FR:KDG DCA DEP:092399						
OARP:DCA SVC:Y DARP:OMA FR:YCADCA DEP:092499						
09-27	NWA AIR	0127670333471	OMAHA NE	09-24	223.00	DR
REF: [REDACTED] MCC:3060 PHONE: [REDACTED]						
NM: REMUS/J TKT:0127670333471 MVAT: CVAT: CC:						
OARP:OMA SVC:Y DARP:MSP FR: DEP:092899						
OARP:MSP SVC:Y DARP:OMA FR: DEP:092899						
09-27	NWA AIR	0127670333472	OMAHA NE	09-24	495.00	DR
REF: [REDACTED] MCC:3060 PHONE: [REDACTED]						
NM: GORUP/B TKT:0127670333472 MVAT: CVAT: CC:						
OARP:OMA SVC:Q DARP:MSP FR: DEP:092999						
OARP:MSP SVC:Q DARP:RAP FR: DEP:092999						
OARP:RAP SVC:YX DARP:MSP FR: DEP:092999						
OARP:MSP SVC:Y DARP:OMA FR: DEP:092999						
09-27	MIDWEST EXP	4537670333469	OMAHA NE	09-24	379.00	DR
REF: [REDACTED] MCC:3085 PHONE: [REDACTED]						
NM: VADER/D TKT:4537670333469 MVAT: CVAT: CC:						
OARP:OMA SVC:Y DARP:DCA FR: DEP:092699						
OARP:DCA SVC:Y DARP:OMA FR: DEP:092699						
09-27	DELTA AIR	0067670333463	OMAHA NE	09-24	156.50	DR
REF: 24399009268360531708555 MCC:3058 PHONE: [REDACTED]						
NM: MELLEMA/G TKT:0067670333463 MVAT: CVAT: CC:						

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations)
Travel Authorized as indicated in items 2 through 21

1. DATE OF REQUEST
22-SEP-1999

REQUEST FOR OFFICIAL TRAVEL

2.NAME (Last,First,Middle Initial) GOUGER, TIMOTHY P				SSN				3.POSITION TITLE AND GRADE OR RATING ENVIRONMENTAL ENGINEER GS12			
4.OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, AFB, NE				5.ORGANIZATIONAL ELEMENT CENWO-CD-FC-R				6.PHONE NO. [REDACTED]			
7.TYPE OF ORDERS TEMPORARY DUTY				8.SECURITY CLEARANCE				9.PURPOSE OF TDY RAPID RESPONSE CATEGORY SITE VISIT-OPERATIONAL/MNGRIAL			
10a.APPROX NO. DAYS OF TDY (Including travel time) 3				b.PROCEED O/A (DATE) 28-SEP-1999							
11.ITINERARY LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 28-SEP-1999 AT 700 HRS TO : ST LOUIS MO MISSOURI DEPART ON 30-SEP-1999 AT 2000 HRS											
12.MODE OF TRANSPORTATION TP - - TRNSPN REQ - PLANE											
COMMERCIAL				GOVERNMENT				PRIVATELY OWNED CONVEYANCE (Check one)			
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: 0.0000				
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)							<input type="checkbox"/> More advantageous to government Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.				
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR <input type="checkbox"/> OTHER RATE OF PER DIEM(Specify)											
14.ESTIMATED COST								15.ADVANCE AUTHORIZED			
PER DIEM		TRAVEL		OTHER		TOTAL					
[REDACTED]		[REDACTED]		[REDACTED]		\$659.00		\$.00			
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) See Attached For Additional Remarks											
TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.											
17.REQUESTING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN SUPERVISORY CIVIL ENGINEER 22-SEP-1999						18.APPROVING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JEROME M WOODS SUPERVISORY CIVIL ENGINEER 22-SEP-1999					
AUTHORIZATION											
19.ACCOUNTING CITATION [REDACTED] 100%											
20.ORDER AUTHORIZING OFFICIAL (Title and signature) /ELECTRONICALLY SIGNED BY/ JANICE L WZOREK FORT CROOK AREA OFFICE USACE P.O. BOX 13287 OFFUTT, AFB, NE68113								21.DATE ISSUED 23-SEP-1999			
								22.TRAVEL ORDER NUMBER 907191G6			

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

DATE ISSUED
22-SEP-1999

NAME (Last, First)
GOUGER, TIMOTHY P

TRAVEL ORDER NUMBER
907191G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

Action Edit Block Field Record Query Help

Obligation No: 99/9-23-1999 Delivery Order: NA Obligation Lt: 0003
Amendment No: 0 Amend Date: 23-SEP-1999 Freight: Fast Pay:
Work Item: 002DCM Fund Account: G625294 Progress Pay:
Fund Citation: 96NAX3122 AMSCO: 015558 Resource: TRANSPER
Description: COMMERCIAL TRANSPORTATION MOA: C2 Allot: 2417 EOR: 21T1

<PGDN> To Execute RV Query

RV No	Customer Inv No	Schd Date	Disb Amount	DOV No	Check No	Pmt Meth
3	NATIONSBANK 22399	09-DEC-1999	123.00	156183	544986	TCHEC

RR Invoice Progress Pmts RV AP Transaction Check Register
Prev Page Prev Next Query List Save Exit Next Page

Record: 1/1

Action Edit Block Field Record Query ESIQ Help

Assigned Check No:	544886	Check No Trace:	1800057768	
Replacement No:		Pmt Method:	TCHEC	DSSN: 8736 Ea?: <input type="checkbox"/>
Type:	CONTRACT	FOA Code:	G6	
Check Date:	09-DEC-1999	Reference No:	99/10-13-1999	
Amount:		Currency:	US	
Status:	PRINTED	FC Amount:		.000000
Payee:	NATIONS BANK CARD SERVICE			
	P O BOX 650785			
	DALLAS, TX 75265-0785			

Certified By: RYE, MICHAEL T

Date Signed: 09-DEC-1999

Initial Signature: 3CBD53EBC57FE2F8384

Disbursing Officer's Signature: 93BFF254DBB1E95B384

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Press F2 to enter a query.

Record: 1/1

+-- v2.1.9 ----- ACCOUNTS PAYABLE TRANSACTION VIEW SCREEN ----- 3.34 --+
| OBLI NO: DACA45-98-D-0004 FUND TYPE: F FAST PAY: N REVERSAL: |
| DELIV. ORDER NO: 0006 APPROP STATUS: C RCVR:S. SCHMIDT |
| LINE ITEM NO: 0001 APPROP TYPE: C DEBTOR BILL NO: |
| RECEIVING RPT NO: 8 EAID NO: MOA: C2 ACCT PHASE: E5A |
| INVOICE NO: 8 ACCRUAL IND: EOR: 3200 TRANS DATE: 27-SEP-1999 |
| FAR ORDER NO: DW96947840-0560 COST TYPE: WIP EFFECT DATE: 27-SEP-1999 |
| FUND WORK ITEM: 002DCL RESOURCE CODE: CONSTSVCS TBO DISB.: |
| RESOURCE PLAN: 1 WORK CATEGORY: 331R0 TRANS TYPE: APR |
| MGT STRUCTURE: 015558 WORK CAT ELEM: 99998 PAYEE CLASS: ? |
| APPROPRIATION: PERIOD: 199909 |
| TRANSACTION ID: 2274121 GL CORR ID: AP414 GL NOT POSTED?: |
| PROP CAT CODE: SOURCE: FORM93 TBO RPT NUMBER: |
+-----+
| GL ACCT DR/CR ACCOUNT NAME DEBIT AMT CREDIT AMT |
| 1311.25 D [REDACTED] [REDACTED] |
| 4252.00 D [REDACTED] [REDACTED] |
| 4821.00 D [REDACTED] [REDACTED] |
| 6500.32 D [REDACTED] [REDACTED] |
| 2113.00 C [REDACTED] [REDACTED] 5404.78 |
+ <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ----- <F10> EXIT --+

Action Edit Block Field Record Query ESIG Help

Obligation No: DACA45-98-D-0004 Delivery Order No: 0006 Inv No: 8
Description: SAUGET SITE ONE SF, ST. LOUIS, IL Period: 200012
Inv Reference No: 91JUL99-27AUG99 #7 Discount Days: Percent:
Inv Date: 27-SEP-1999 TFO Indicator: ☐ Inv Recv'd Date: 27-SEP-1999
Pmt Address ID: 000015101 F&A Received Date: 27-SEP-1999 Final Payment: ☐
Pmt Office ID: 1 Release of Claims: ☐ Notice To Proceed: Y

Line Item: <u>0001</u>	Refund? <input type="checkbox"/>	*** This INV ***	*** All INV's ***
SERVICES: COST-PLUS-FIXED-FEE SAUGET SITE	Qty: <u> </u>	<u> </u>	<u>0</u>
Qty Ordered: <u>0</u>	Unit Price: <u> </u>	<u> </u>	<u> </u>
Amt Ordered: <u>302158.28</u>	Gross Amt: <u> </u>	<u> </u>	<u> </u>
Pay Estimate No: <u>8</u>	Retainage Pct: <u>.00</u>	<u> </u>	<u> </u>
Total Estimates: <u>16</u>	Retainage Amt: <u>.00</u>	<u>.00</u>	<u>.00</u>
	Other Deductions: <u>.00</u>	<u>.00</u>	<u>.00</u>
	Retainage Refund: <u> </u>	<u> </u>	<u>.00</u>
	Other Deduct Refund: <u> </u>	<u> </u>	<u>.00</u>
	Liq. Damages: <u> </u>	<u> </u>	<u>.00</u>
	Line Item Amt: <u>5404.78</u>	<u>5404.78</u>	<u>266932.86</u>

Program Mgr Signor
FOKCF1DB8AF168C537E
C.O.R. Signor
774535D15EACE16B37E

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Record: 8/7

Action Edit Block Field Record Query ESIG Help

Assigned Check No: 125431

Check No Trace: 1800053277

Replacement No:

Pmt Method: EFT

DSSN: 8736

Ea?:

Type: CONTRACT

FOA Code: G6

Check Date: 08-OCT-1999

Reference No: DACA45-98-D-0004

Amount:

Currency: US

Status: PRINTED

FC Amount: .000000

Payee: ROY F WESTON INC

PO BOX 8500 (S 6175)

PHILADELPHIA, PA 19178-6175

Certified By: AUTRY, SHIRLEY LE

Date Signed: 08-OCT-1999

Initial Signature: A6E8937DA50AE12237E

Disbursing Officer's Signature: 37FDF3F1

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Press F2 to enter a query.

Record: 2/2

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/11/1999

PAY PERIOD ENDING: 09/11/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 08/29 08/30 08/31 09/01 09/02 09/03 09/04 09/05 09/06 09/07 09/08 09/09 09/10 09/11 Total

LEAVE LH 0 8.00

LEAVE LS 0 40.00

*The above hours were ELECTRONICALLY SIGNED ON: 07-SEP-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594 001TPG RG 0 20.00

L35672 002DCM RG 0 4.00

*The above hours were ELECTRONICALLY SIGNED ON: 09-SEP-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594 001TPG RG 0 8.00

*The above hours were ELECTRONICALLY SIGNED ON: 13-SEP-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

80.00

REG= 32.00 HOL= OVT= ALV= OLV= NON= 48.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL,AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 08/29/1999

LABOR-COST TO : 09/11/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								80.00	Y

*** END OF REPORT - 27-DEC-2000 - 13:06 - SID G6CEFMP1 ***

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 09/25/1999

PAY PERIOD ENDING: 09/25/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	09/22	09/23	09/24	09/25	Total
------	------	-----	----	---	----	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

B00594	001TPG	RG		0																8.00
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*The above hours were ELECTRONICALLY SIGNED ON: 14-SEP-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594	001TPG	OU		0																1.00
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B00594	001TPG	RG		0																20.00
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L35672	002DCM	RG		0																4.00
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*The above hours were ELECTRONICALLY SIGNED ON: 17-SEP-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594	001TPG	RG		0																10.00
--------	--------	----	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------

L35672	002DCM	RG		0																4.00
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LEAVE		LS		0																10.00
-------	--	----	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------

*The above hours were ELECTRONICALLY SIGNED ON: 21-SEP-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594	001TPG	RG		0																24.00
--------	--------	----	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------

*The above hours were ELECTRONICALLY SIGNED ON: 23-SEP-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:																				81.00
------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------

REG=	70.00	HOL=		OVT=	1.00	ALV=		OLV=		NON=	10.00	SP-RATE-HRS=	
------	-------	------	--	------	------	------	--	------	--	------	-------	--------------	--

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/12/1999

LABOR-COST TO : 09/25/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								81.00	Y

*** END OF REPORT - 27-DEC-2000 - 13:07 - SID G6CEFMP1 ***

NAME : GOUGER T

PAY PERIOD ENDING: 09/25/1999

CODE	ITEM	TYP	CD	D	HZ	09/12	09/13	09/14	09/15	09/16	09/17	09/18	09/19	09/20	09/21	09/22	09/23	09/24	09/25	Total

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/12/1999

LABOR-COST TO : 09/25/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								81.00	Y

 *** END OF REPORT - 27-DEC-2000 - 13:07 - SID G6CEPMP1 ***

LABOR COST REPORT WITH CERTIFICATION

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 10/09/1999

PAY PERIOD ENDING: 10/09/1999

CHARGE WORK HRS SH N EV

CODE	ITEM	TYP	CD	D	HZ	09/26	09/27	09/28	09/29	09/30	10/01	10/02	10/03	10/04	10/05	10/06	10/07	10/08	10/09	Total
B00594	[REDACTED]																			8.00
L35672	[REDACTED]																			24.00

*The above hours were ELECTRONICALLY SIGNED ON: 24-SEP-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 32.00

REG= 32.00 HOL= OVT= ALV= OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/26/1999

LABOR-COST TO : 10/09/1999

EMPLOYEE COUNT = 1

EMPLOYEE	REGULAR	HOLLIDAY	OVERTIME	ANNUAL LV	OTHER LV	NON-PD L	SP-RATE	TOTAL	CERTIFIED
GOUGER T								32.00	Y

*** END OF REPORT - 27-DEC-2000 - 13:08 - SID G6CEFMP1 ***
